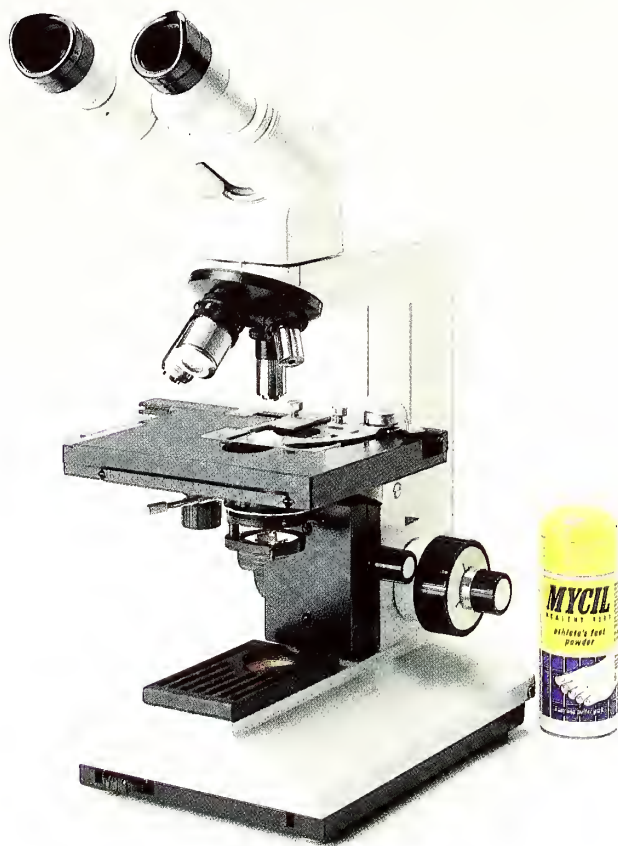


CHEMIST & DRUGGIST

the newsweekly for pharmacy

December 1, 1990

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Pay imposition turns tide to retailing?

FHSAs choose varied hurdles to openings

Computers in healthcare

AIDS: symptoms explained

H. Wilkinson sell out to Daniels

Personal opinion: Ian Mullen on rationalisation

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CHEMIST & DRUGGIST

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COMMENT

Judging by the comments of some of the pharmacists polled by *C&D* on the effect of this year's DoH imposed pay settlement is having on their business, contractors will rush to tell the working party on the future of pharmacy how they want their profession to develop (p958).

Colleagues will have sympathy for the sentiments expressed, but many also will caution against the implied neglect of potential professional services and advice in favour of retailing ventures. Room must be found for both.

For most independents the turnover split between NHS and counter sales is still in the 60:40, 80:20 range with script business dominant. The frustration for the average independent (and multiple) is that the only control they have over their return on NHS business is through the good offices of the PSNC, while to some extent their OTC margin can be influenced by their own efforts. Contractors would do well to remember that PSNC, through the cost-plus contract and its negotiating skills, has served them well over the years, and that it is both the DoH's unilateral abandonment of cost-plus and its contract imposition that has made a difficult negotiating job well nigh impossible.

Although payments negotiated for new roles so far have

hardly been generous between 2,000 and 3,000 pharmacists are now being paid for keeping patient medication records and some 6,500 residential homes are being serviced. Without NHS support many pharmacists are providing diagnostic services — last week in a *C&D* seminar Terry Maguire set out potential pharmacy services (p941). The key is to prove to the community, fellow professionals and the DoH that quality services can be provided cost effectively: the first two parties have to be convinced before there will be a satisfactory uptake of private schemes, and the latter before any NHS payment is even considered. Such efforts do not have to be loss-leaders and must draw new customers to any pharmacy with such services. The future lies in developing the supply function while expanding services and the advisory role.

Additionally, pharmacists could seek to develop locally with Family Health Services Authorities payment for specialist non-core NHS services such as oxygen and appliances — the NE London 24-hour service proposal last week (p914) is an excellent example.

Meantime, every pharmacist must lobby the working party on their future — it could be their last chance.

Pharmacists turned into glorified shopkeepers?

Some pharmacists are being forced to pursue OTC sales at the expense of developing professional services, as a result of this year's imposed pay settlement. "We're propping up the NHS by what we can sell over the counter," is Hampshire pharmacy owner Jeff Holloway's view, echoed by many others.

Jayanti Patel, owner of a Leicester pharmacy, believes that the tight financial situation has made Nuffield recommendations impossible to follow: "Who's going to pay? We can't give advice because we're waiting to sell goods." He is now selling baby clothes, and is aware of unwillingly becoming "a glorified shopkeeper".

Unfortunately, OTC sales are being adversely affected by the recession, says Jo King, a Norwich pharmacist. And Robert Wright, who owns a pharmacy in Cheadle Hulme, agrees that pharmacists are being affected by the recession as well as by inadequate pay from the NHS.

Clinical fourth year

The Federal education authorities in Australia have approved proposals for a clinical practice fourth year for Bachelor of Pharmacy degree courses.

The decision, based on proposals by pharmacy colleges, is not seen as a lengthening of the degree content but an approach that provides for better use of the four preregistration years, according to a report in the Commonwealth Pharmaceutical Association's November newsletter.

The additional period of clinical experience is designed to provide students with an opportunity to learn how to use their knowledge. Students will then graduate and register simultaneously.

Although students undertaking this fourth clinical year will have dual status of both preregistration pharmacist and student, the proposals recommend some form of remuneration.

General agreement is now necessary between the teaching institutions, the profession and employers.

Mr Holloway says that although he has not yet had to cut back on professional services, he is in no financial position to develop them, despite requests from his customers. "I can't justify to myself £500 worth of cholesterol testing equipment when I won't get back the money in a reasonable time," he says. Jayanti Patel also says that he will not be offering new diagnostic services unless he knows how he will be paid for them.

Owners of new businesses have been particularly hard hit by the 10.41 per cent discount recovery, operating from August 1. Mr Patel opened his Reading pharmacy two months ago, but cannot afford a dispenser or locum pharmacist.

"If pharmacists haven't got the time to give advice because they're selling, then I'm sorry, there's no future for pharmacy," is Stephen Axon's personal view. Mr Axon, secretary, Pharmaceutical Services Negotiating Committee, believes that the chances of pharmacists increasing their remuneration are slim if they concentrate on OTC sales rather than developing services.

"If services are there first, are shown to be useful and what the

patient wants, then remuneration will follow," Mr Axon says. They could start by providing services which cost them nothing, such as counselling and possibly a collection and delivery service.

Jayanti Patel, general secretary of the British Pharmacists Association UK, strongly believes that there should be a freedom to negotiate over pay settlements. However, Mr Axon says: "If anyone could tell me how I could increase the negotiating power of the PSNC, I'd be interested. The Department of Health effectively is a monopoly employer. At the end of the day, Government departments don't have to negotiate — that's what legislation is all about." He says the fact that a global sum was accepted, and the Department has agreed a trigger point of £537.5m related to core services, are positive aspects to the negotiations.

A spokesman for Boots made the following statement: "Our view is that the current system of remuneration, which is a three-tier, front-loaded payment system for the division of NHS remuneration among contractors, is an anachronism and should be abolished. It should be replaced by a single-tier payment system."

Some problems with COSHH, says NPA

A pharmacist has been required to obtain an analytical test of the atmosphere in his dispensary by an environmental health officer, says NPA director Tim Astill.

Now that pharmacists have to comply with the new Control of Substances Hazardous to Health (COSHH) regulations introduced earlier this year, the NPA has sought feedback on how they are being enforced.

"Most inspectors are taking a reasonable, commonsense approach. They realise that as a pharmacist is present, there are unlikely to be any untoward hazardous substances on the premises," said Mr Astill.

However one or two inspectors are going "over the top", he said. In the case mentioned above, the pharmacist was required to test for aspirin and paracetamol dust, presumably

because they are frequently counted, uncoated tablets, Mr Astill explained.

"This is just the kind of nonsense that we forecast when the regulations were published. It is regrettably typical of the bureaucratic approach adopted by some Government departments," said Mr Astill. "We are supporting our member fully in resisting the inspector's unreasonable request, and seeking high level meetings with the Health and Safety Executive to try and agree with them the steps which pharmacists need to take to comply with the regulations," he added.

Mr Astill also told of another instance in which an inspector asked a female pharmacist to chain up all the oxygen cylinders, so that they could be dragged out together in the event of a fire.

New role — your views are wanted

Mrs Virginia Bottomley, the Health Minister, has called on pharmacists to provide examples of "good practice" which can be deployed as pharmacy assumes a wider role in the community.

She welcomed the decision of the joint working party on the future role of community pharmaceutical services to canvass ideas widely and to promote open debate.

Mrs Bottomley said: "This is an opportunity for community pharmacists to come out of the dispensary and develop their contribution to the nation's health."

Evidence should be submitted to Mrs Sue Williams, secretary of joint working party, DoH (Room 532) Portland Court, 157-168 Great Portland Street, London, W1N 5TB, as soon as possible, preferably by end of January. Ideas and experiences which have been evaluated will be welcomed.

NHS attitude change under Major

A changed attitude to the NHS will be one of principal ways in which Mr John Major, the new Prime Minister, signals the fresh approach triggered by Mrs Margaret Thatcher's departure from 10 Downing Street.

Mr Major has already highlighted the benefits he secured as an NHS patient, and Conservative Party managers believe that he will be able to counter the "she does not care" label which Labour critics succeeded in attaching to Mrs Thatcher when she made clear her preference for private medicine. Value for money will remain the crucial test in determining the level of expenditure on the NHS. But Mr Major will not encourage the right wing elements in the Conservative Party who would like to use the reforms, which will be implemented with increasing momentum from April, as a basis for still more market orientated changes.

The new Prime Minister has stressed that central funding, in other words the taxpayer, must continue to be the main source of the finance needed by the NHS.



Confusion reigns after the demise of the RDC

Confusion seems to be the order of the day among Family Health Services Authorities over the way to deal with pharmacy premises applications now they have been given the power to create their own systems and following the demise of the Rural Dispensing Committee.

Although some FHSAs have yet to finalise procedures, those that have have instituted a number of different systems. Pharmacists wishing to open premises are likely to have their applications reviewed by anything from the former pharmacy practices subcommittee under a different name to single FHSA officers.

Among the more radical departures from the previous committee-based system is Nottingham FHSA where decisions will be made at officer level. A report on the application will be prepared by the pharmaceutical services officer with the decision being made by the services development manager or, alternatively, by the FHSA general manager.

Hampshire FHSA discussing a number of options, one of which involves decisions being made by a panel of district managers and then ratified by the FHSA itself. Appeals would be dealt with by region. A spokesman for Hampshire said the main advantage of this district-based management structure comes in relation to size — Hampshire FHSA was approximately three times the size of the average.

In Bedfordshire, the FHSA itself will decide, after consultation with interested parties, on individual applications. In Birmingham, a small group

comprising the general manager or his assistant, with the pharmacist member of the Authority and a lay member will discuss applications. The general manager will take the final decision.

The favoured approach seems to be the formation of a new committee to replace the PPSC, dispensing subcommittee and Hours of Service Committee. Humberside FHSA has set up a Pharmacy Services Advisory Group consisting of the FHSA general manager, one lay member, the FHSA's pharmacy representative and the three pharmacist members who served on the PPSC. Only the general manager and the lay person have a vote. For decisions involving rural dispensing, additional medical personnel can be drafted in as necessary.

In Kent, a Medical and Pharmaceutical Service subcommittee has been set up consisting of a chairman, two lay people, one GP and one pharmacist. A spokesman said that Kent plans to introduce an additional "right to reply" consultation period and local meetings to assess public opinion.

In Berkshire, the Dispensing Services Committee — lay chairman, two lay members from the FHSA, medical and pharmacy representatives from the FHSA plus a nominee each from local medical and pharmaceutical committees will take over the duties of the PPSC and DSC. Only the lay members will vote.

Cambridgeshire FHSA has decided to continue with the existing PPSC and DSC until January 1 after which new, as yet

undetermined, arrangements will be in place. "During the time of transition, we felt it was important to ensure that we had experienced and knowledgeable people in place to keep the ball rolling", a spokesman told *C&D*.

FHSAs in Liverpool, Avon and South Tyneside are also to set up committees but have not yet finalised details of members etc.

The Middlesex FHSAs all have slightly different arrangements. Brent and Harrow have set up a Practitioner Services Committee comprising the FHSA pharmacy member, two lay members, three LPC appointees and a lay chairman. Others have set up advisory panels with similar constitutions to the former PPSCs; some are dealing with less contentious cases via the general manager and FHSA officers, with advice where necessary from the LPC secretary and FHSA pharmacy member.

Geoffrey Noden, secretary, London Group Pharmaceutical Executive, said there had been no news yet from FHSAs in his area.

In Derbyshire, a subcommittee has been formed which will meet only as part of the main FHSA meetings and not in its own right. This is likely to include the FHSA general manager, two lay people, two or three pharmacists and possibly one or two other members. A spokesman for Derbyshire FHSA said he felt that the new procedures would take longer. "The White Paper was supposed to cut corners but in terms of the pharmacy regulations it seems to have added them", he said.

American opportunity

American health technology experts have an unrivalled opportunity to help improve the cost efficiency of the NHS, according to Ian Mullen, vice-chairman of Forth Valley Health Board.

Mr Mullen, who is also a consultant on healthcare issues, told American businessmen attending a three-day seminar in London that UK health service changes were aimed at improving efficiency and increasing responsiveness to customers.

"The training and experience of NHS managers does not necessarily equip them well to cope with a new environment where accountability, value for money and responsiveness to consumer needs are paramount," he said.

In the light of this shift from administration to active management and the short time between the introduction of the Government's White Paper and the implementation of the reforms, it was not surprising that managers were wilting under the pressure, said Mr Mullen.

In many cases, America has the necessary experience, the systems and hi-tech diagnostic equipment, Mr Mullen said. "There is no reason why the best parts of the US system should not be grafted onto the NHS."

Psychosis with OTCs

A case of anticholinergic psychosis following the unintentional overuse of proprietary antidiarrhoeal preparations, has been reported in the *British Journal of Psychiatry* 1990; 157, 758).

The authors describe a case of a 63-year-old lady with no previous psychiatric problems who was admitted to hospital after being found wandering with auditory and visual hallucinations.

An organic cause was suspected as the psychosis resolved spontaneously over the following 48 hours. The patient, who had been suffering bouts of diarrhoea, had taken some 30 tablets of Diocalm and an unspecified number of Enterosan tablets. The final diagnosis was that of anticholinergic psychosis due to the belladonna in the Enterosan, although some interaction between the preparations could not be ruled out.

Miracle ingredient in contact lens care?

Sterility is the "miracle ingredient" that makes contact lens solutions so expensive, says the Association of Contact Lens Manufacturers in reply to a *Guardian* question in Monday's *Guardian*, asking why contact lens cleaning fluid works out at £455 per gallon.

The association also blamed licence fees for the high price, saying that Government imposed costs cannot be absorbed by the manufacturers alone.

Michael Jaggs, a contact lens practitioner, says it is essential to use properly preserved and formulated products, but says: "The net result is that you sign up for the solutions and we give you lenses — it's absurd!"

The ACLM criticises the use of tap water, shampoos, washing-up liquid and spit for cleaning lenses. *Guardian* readers say they have used these cheaper alternatives for years.

Household cleaners and shampoos are not sterile and may cause cross-infection, says the ACLM. Mr Jaggs warns that the use of these alternatives is "playing with fire," adding: "The real risk with unregulated products is that anything can happen — there is no guarantee."

Mr Roskill, secretary of the Association of British Dispensing

Opticians, believes the use of detergents could backfire at any time. Contact lens practitioner Nigel Hodd, a past chairman of the Association of Optometrists, says some mild shampoos and detergents are "good cleaners" for the Perspex of hard lenses, although they are absorbed into gas permeable and soft lenses. He also says that methylated spirits can be used to remove the hard deposits on hard lenses. However, he warns that using spit to clean lenses is particularly dangerous since it can transfer the *Herpes simplex* virus, possibly leading to a dendritic ulcer in the cornea.

The ACLM says tap water contains the *Acanthamoeba* species which can cause *acanthamoeba keratitis*, a sight-threatening disease. Rinsing lenses in sterile saline alone reduces the number of organisms on a lens by a factor of at least 1,000 while cleaning with a proper cleaning and rinsing system will reduce the organism count by a factor of up to 100,000, it says.

The vast majority of problems associated with contact lens wear can be traced to non-compliance with hygiene systems, says the ACLM. Michael Jaggs believes that patient compliance with contact lens care has been hindered by DHSS legislation, therefore encouraging continued use of "out of date" solutions. However, Mr Roskill says: "If you can't afford a few quid for your eyes, you've got your priorities wrong." As the ACLM concludes: "You only have one pair of eyes — take care of them!"

Tampon risk

The Women's Environmental Network has launched a poster warning about health and environmental risks of tampons.

The poster, which will be displayed in public toilets, urges women to change tampons every few hours, to wear sanitary towels when possible and to stop using tampons completely if they want to avoid tampon-related toxic shock syndrome. Headlined "Out of sight, out of mind", the poster says that small traces of pesticides and dioxins have been found in tampons and that "flushability doesn't mean acceptability." Flushing them into the sewers may mean they "end up floating in the sea, containing bacteria and viruses."

European ruling on minoxidil

A Department of Health private prosecution against a Dutch company and two of its executives over alleged unlawful sales of minoxidil was delayed on Monday pending a decision by the European Court of Justice.

Horseferry Road Magistrates Court heard that the European ruling will be crucial as it would force the prosecution to scrap the case if it goes against them.

The DoH asserts that minoxidil is a prescription only medicine under the Medicines Act 1968, but Farzoo Incorporated (UK) Ltd of Bockings Elm Parade, Clacton, have turned to the European Court for a ruling that

the product is simply a cosmetic.

Farzoo face five summonses under the Medicines Act relating to retail sales of minoxidil during a hairdressers' trade exhibition at Earl's Court in October 1988, and the alleged wholesale supply from their premises in Essex.

Farzoo's president, Mr Kobus Kortmann, who lives in Holland, faces the same summonses but did not attend the hearing. UK manager Peter Rappolt, of Ardleigh Green Road, Hornchurch, Essex, faces four of the summonses.

The European judges' ruling is not due until the New Year the court was told.

DOH award for PMR research

Drs John Collett and Judith Rees of the University of Manchester, and community pharmacist Ian Mullen have been awarded £35,000 by the Department of Health to fund research into patient medication records.

The research project will use PMRs in an attempt to identify and quantify areas of over-prescribing for chronically ill patients. A quantitative assessment will be made of any savings that could occur by requiring pharmacists to dispense a specified number of days treatment, rather than the

prescribed total quantity, on multiple item prescriptions.

A previous pilot study by Drs Collett and Rees investigated multiple item prescriptions on which the quantity of each item to be dispensed was stated. More than a third of these had non-equivalent amounts of the different drugs both in terms of the number of treatment days intended and the total quantity of the drug.

Pharmacist Major David Asher RAMC (V) has been appointed as research associate.

BRIEFS

The Alderney States have approved a *requete* aimed at securing exemption from prescription charges for Alderney residents receiving a Guernsey pension. The decision was taken following the use of the president's casting vote. But the president said it was not possible to include all pensioners in the exemption.

which houses the leaflets in a pocket, is also available. Both can be obtained from James Crossland, Bencard, Mundells, Welwyn Garden City, Hertfordshire AL7 1EY. Tel: 081-913 4704/4523, or from Bencard medical representatives.

Pharmacists in Singapore are to be allowed to record voluntarily their own continuing education activities. The continuing education committee has prepared a system by which credit points are assigned to various recognised lectures, seminars and formal courses organised by various institutions. Twenty credit points are required for a certificate from the Pharmaceutical Society of Singapore at the end of the year.

The introduction of a local prescribing policy offers clear clinical advantages for patient care as well potential financial savings, says the latest *Drug and Therapeutics Bulletin*. The implementation of such a policy requires careful planning and consultation, with the involvement of patients as well as professionals, and effective methods for evaluating and updating guidelines.



Another National Pharmaceutical Association advertisement has won the Reader's Digest "Advertisement of the month" award for August 1990. The advertisement pictured a mosquito and the slogan: "Before you go on holiday, let your pharmacist prepare you for the natives." "We have been told that it is very unusual to win more than once, and for a black and white advertisement to win," NPA director Tim Astill told C&D. This is the third time the NPA has won this award. Mr Astill was presented with a commemorative plaque by Henry van Wyck of the Reader's Digest

Tough going for the young

I have had my own pharmacy for some years now. I have always derived great personal satisfaction from being independent and doing it "my way" and I have felt that the profession is best served when the majority of pharmacists are independents.

The recent acquisition, in the Belfast area, of a pharmacy for more than double the market asking price was no great surprise and made me realise the confidence which the market has in our profession. In addition to having a good financial track record, the value of pharmacies has gained considerably from the limitation of contract. I was delighted for the pharmacist involved and wish him all happiness in his retirement.

"For young pharmacists it is becoming increasingly difficult, nay impossible, to purchase a business"

Happy as contractors might be there could be inherent problems. One factor of concern is the professional and career needs of young pharmacists as they mature in the profession. For them it is becoming increasingly difficult, nay impossible, to purchase a business.

The healthy accounts of the pharmacy described above would have made it very difficult for a young pharmacist attempting to buy his/her first pharmacy, to justify the price of the business to his/her bank manager. The net profit, substantial as it was, would have been totally absorbed servicing the loan in the first years of business. The majority of bank managers would have had to politely refuse anyone with little experience in business and no substantial financial backing.

This is the pattern of things to come and it is going to become increasingly difficult for young pharmacists to obtain contracts. The multiples and the smaller groups will grow stronger and in time will begin to demand more input into contract negotiations.

Every contractor wants the best price he can get but maybe we could be considering more innovative and flexible ways to allow young pharmacists to buy into our businesses and make it easier for them to pay the market value. If we fail to do this we will be handing our shops and our profession over to the multiples.

Written by a Northern Ireland community pharmacist

TOPICAL REFLECTIONS

by Xrayser

Fringe medicine dangers?

Herbal medicines and dietary supplements are steadily being brought under more conventional control and, as previewed by Eileen Wilson last week in the market feature, slowly taking their rightful place alongside allopathic medicines within the pharmacy environment. At the same time many patients are becoming disillusioned with conventional medicine and turning to complementary alternatives for help. I have never denied these alternatives since a tangential but rational approach may induce a more positive response. The danger is on the fringe of alternative therapies, where the beneficial may be swamped by the illusions of the irresponsible.

I recently received details of a complementary medicines exhibition being organised in Cambridge next February along with a special exhibition offer for therapeutic gemstones. The letter claimed that "All gemstones possess therapeutic healing properties" and went on to list the benefits of the particular gems being supplied, eg "Jasper (brown): Helps with kidney, liver and epilepsy problems". Full instructions are supplied with the order.

I cannot visualise the positive benefit any patient can derive from a piece of rock which has been arbitrarily classified as a "gemstone", and when the offer to purchase emanates from the exhibition organiser himself without any supporting evidence of efficacy, this must throw into doubt the *bona fides* of the whole exhibition. The public, however, is invited to attend and to accept without question the credentials of all participants.

Alternative medicine attracts the most vulnerable of patients and they need



protection from, at the very least, exaggerated promises. The alternative health industry is expanding rapidly, but in order to control this expansion and protect the vulnerable, I believe a statutory registration authority must now be established. The genuine should have nothing to fear while the charlatan will be quickly exposed.

Close to home

The profile of different businesses examined by

Business in Focus in *C&D* often pinpoints solutions to problems which are relevant to my own shop. Last week's offering was close to my heart, since I too am in competition with the more "prestigious" type of outlet, and try as I may, I am still primarily used as a last resort, the customer having tried everywhere else before suddenly remembering that I exist!

John Kerry suggests that obtaining direct perfume agencies would enable Mr P to compete on equal footing with his competitors and at higher margins. This is true, but in my experience our agencies will not accept that I cannot equal the volume of their High Street accounts, and instead of encouraging good sales from reasonable stockholding, merely threaten to close the account unless we purchase more than I know we can reasonably sell. The net result is a constant overstock position and a temptation to send it all back and live hand to mouth from the swag man.

I would advise Mr P to stock a reasonable range of perfume at full price, but purchased from his normal suppliers, and concentrate his sales efforts on specialist cosmetic agencies. Here I fully agree with John Kerry, their training schools are excellent, the stock sells all year, the profit margins are good and trained staff will steadily build a customer base against all opposition.

COUNTERPOINTS

Vichy look to foundation with range

Vichy have added a new foundation to their cosmetics range — teint de peau hydraperfect foundation (30ml £7.50).

The foundation comes in a choice of two textures and four colours and is said to combine skincare with "perfect" colour performance. The range has been formulated to contain UVA and UVB filters as well as vitamin E and sesame oil. A choice of matt fluid for a translucent effect, or creme velours for more cover is available. The colours comprise: barely beige, pale beige, warm beige and deep beige.

Teint de peau comes packaged in a plastic tube and will be available from January next year. *Vichy (UK) Ltd. Tel: 0235 526747.*

Alka Seltzer support

A new, national television advertising campaign for Alka-Seltzer will run over Christmas and New Year, coinciding with the brand's traditional sales peak.

Beginning on December 10, the campaign will run for three weeks until January 3, 1991, say Bayer.

The campaign represents the second stage in the brand's 1990 consumer advertising. In line with consumer trends, all three advertisements will feature Alka-Seltzer lemon flavour which is proving increasingly popular with younger users.

The television campaign will be further supported by radio commercials in the Central region. *Bayer (UK) Ltd. Tel: 0635 39000.*

Henna hair products and Parfums Balmain are no longer distributed by Network Management. The ranges have been removed from C&D Price List until new instructions are received.



Deep Freeze range extended with cold gel

The Mentholatum Company are introducing Deep Freeze cold gel, a non-greasy muscle rub with a light, "non-medicinal" smell. It joins Deep Freeze pain relief spray, in the company's cold treatment range.

Deep Freeze cold gel (175g £3.95) is ideal for strained muscles after exercise and sport, and is effective against rheumatic pain, and stiff limbs and joints, claim Mentholatum. It should be applied as required. Deep Freeze cold gel is a GSL product which contains menthol as its active ingredient in a gel base. It is environmentally friendly, containing no propellants or atmospheric hazards, says the company.

The mechanism of action of cold treatments in association with pain and inflammation is well documented; cold gels have received support from chiropractors, consumers, and physiotherapists in the USA and Canada, capturing 15 per cent of the market, says the company. Cold treatments are also said to be gaining consumer acceptance in the UK.

Deep Freeze is available in outers of 12. It will be advertised with money-off-next-purchase coupons in the national Press and women's magazines, starting this month and continuing throughout 1991. *The Mentholatum Co. Ltd. Tel: 0734 340117.*

Four more for Faith and offers too

Four new products and larger pack sizes are part of the programme for Faith Products' Faith in Nature range in the run up to the New Year.

The new range comprises: essential facial wash (150ml £2.65); essential foot lotion (150ml £2.65); honey & almond eye cream (30g £2.65) and an aloe

vera eye gel (30g £2.35).

For a limited period, seaweed cleanser, jojoba moisturiser, rosewater toner, essential body oil, essential facial wash and essential foot lotion will all be packaged in 200ml bottles. This will be highlighted with a collar flash on the bottle. *Faith Products. Tel: 061-764 2555*

Sensiq for nails from Rimmel

Rimmel are introducing three new Sensiq manicure products and a longer lasting nail polish available from January next year.

All products are formaldehyde free and so are less likely to cause irritation, says the company.

The new range comprises: gentle nail polish remover (100ml £2.99) which is said to be both fragrance and lanolin free, and is packaged in an oval bottle with a silver cap; smoothing nail base (12ml £3.49) which has a ridge filling formula said to be ideal for providing a smooth nail surface; and protective nail shine (12ml £3.49), which can be applied over nail colour for a resilient, shiny finish, say Rimmel.

The company has also introduced a new formulation nail polish — perfect nail colour (£2.99) available in 12 shades in cream and pearl formulations.

The perfect manicure collection (£3.99) is a trial size kit containing all the new products with a choice of three shades in the nail colour. A full educational leaflet will be available at point of sale, says the company. *Rimmel International Ltd. Tel: 071-637 1621*

LRC Support Aids day

The London Rubber Company are supporting World Aids Day on December 1 with a limited edition Durex condom for free distribution at events to mark the day.

Each condom carries a Department of Health/World Aids Day logo and over 1,000 are being sent to event organisers. *LRC Products Ltd. Tel: 081-527 2377.*

Following the acquisition of the Cluster range of health bars, Weetabix have appointed Food Brokers as distributors to pharmacies. *Food Brokers Ltd. Tel: 0705 219900.*

Would you recommend a No.2 painkiller to your No.1 customer?



Numerous clinical studies have settled the issue:

Nurofen is one of the most effective analgesics you can recommend for pain. Even your own.

Nurofen (ibuprofen) is more effective than aspirin or paracetamol in relieving headaches, dental pain, period pain, flu symptoms, — in short, most common indications. And, unlike paracetamol and codeine, Nurofen is anti-inflammatory.

This efficacy is accompanied by an equally good safety record. In overdose, Nurofen is safer than either aspirin or paracetamol and has been shown in clinical trials to have a better tolerability profile than aspirin in normal doses.

Also, Nurofen is rapidly excreted and is less likely than aspirin to have an adverse effect on the gastrointestinal tract.

So it's no wonder that Nurofen, supported by a £5 million TV campaign, appeals to more and more people. We hope you recommend it. Because, when you really compare Nurofen to any other analgesic, we think you will come to the inevitable conclusion. There's no comparison.



We invite comparison

ROBINSON RAINBOW COTTON WOOL

A POT OF GOLD AT THE END OF YOUR RAINBOW

Robinson, the market leaders in cotton wool, announce an exciting new concept to give you even greater profits.

Made by a new manufacturing process, with a superior blend of cotton, the Rainbow Cotton Wool Range, is unique to Robinson.

Produced in fashionable pastel shades, which research shows women prefer, the Rainbow Cotton Range will bring excitement to the cotton market by attracting new users – meaning you sell more.

Available in balls, rolls and pleats, Rainbow Cotton Wool is at home anywhere – the bedroom, nursery or bathroom.

Beautifully presented in striking packaging, the range produces an eye-catching show of colour on shelf.



So don't miss out on this rainbow – create your pot of gold and stock Robinson Rainbow Cotton Wool today.



ROBINSON HEALTHCARE

HIPPER HOUSE
CHESTERFIELD S40 1YF
UNITED KINGDOM

the SYMPTOMS



"A PROPER LEMON"

Symptoms family front SB's £7m TV push

Smithkline Beecham Healthcare are to spend £7m supporting their Winter brands on television with a campaign spearheaded by the "Symptoms" cartoon family who cope with colds and flu by taking Beechams hot lemon and powders capsules.

The "Symptoms" took to the national television airwaves this week in an episode featuring an under-the-weather husband, Victor, ministered unto by wife Dolly, who puts him back on the road to health — and a stint in the garden — with Beechams hot lemon: "There you go love!". The sell line for the series, which will also feature the two Symptom children, the baby and dog, is "When you want to feel better — better choose Beechams". The next episode, advertising Beechams powders capsules, will start on December 10.

Marketing manager James Hallatt says of the two interlinked campaigns, destined to run throughout the Winter on national TV with a £2m spend: "We believe using an animated family with real warmth and everyday humour will have substantial

appeal in this market."

Day and Night Nurse get £1.1m backing for a national showing of the "Getting rid of colds and flu symptoms" commercial, from December.

For Veno's the "Human body" commercial will be back on TV in January and February, while the Coughcaps national television advertising is already underway with a £1.6m push featuring the animated alarm clock.

Resolve will face up to party goers in a £1m national TV campaign running until the end of December using the familiar "over indulgence" commercial, while Contac 400 will be advertised in January and February in all major newspapers, SB say.

From January Smithkline Beecham Personal Care will be marketing Badedas, Quickies and All Fresh which will be detailed by the salesforce as usual. *Smithkline Beecham Healthcare. Tel: 081-560 5151.*

■ The SB Resolve promotion launched last week will run for around a year, and not as stated (Counterpoints last week).

Probase 3 on view with a wipe clean board

A new laminated wipe-clean poster (41 by 58cm), featuring a statuette of a girl and the areas of the body in which dry skin may cause problems, is now available to pharmacies from Schering-Plough Consumer Health.

Designed for display either on a wall or cabinet within the pharmacy, or in the window onto

the street, the window bill promotes "New frequent-use Probase 3, for whenever and wherever problem dry skin appears".

It also sets out to emphasise the mild and non-irritant formula of the product, says the company. *Schering Plough Consumer Health Ltd. Tel: 0638 716321.*

More for Dimples

Linco Impex have added a new depilatory cream to their Dimples range.

The cream, in two sizes (100ml £1.95 and 50ml £1.35), has a rose fragrance and has been tested without animal cruelty, says the company.

Both products are available on a custom built display unit which also houses the complete range of wax products, say *Linco Impex. Tel: 061-777 9229.*

Canderel has it taped with offer

A selection of free video movies and tapes are on offer with all orders placed for Canderel over the Christmas period, starting December 1, say *Searle Consumer Products.*

Designed to support the national television advertising campaign which breaks during Christmas week, details of this offer are being distributed to 10,500 independents via a direct mail service.

Orders placed via wholesalers, consisting of two outers of Canderel Tablets and/or Canderel Spoonful receive a free E180 (3 hour) tape. Alternatively, orders for four outers of any combination of Canderel products, receive three E180 (3 hour) tapes or a video movie selected from a list of over thirty top selling video films. *Searle Consumer Products. Tel: 0494 21124.*

Numark film promotion

Numark film will be on promotion during December, giving a POR of up to 30 per cent. Also on promotion will be Numark glucose powder, nail polish remover, styling mousse and gel and the finishing touches range.

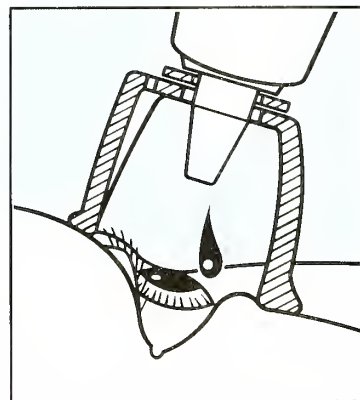
Nucross are also offering aspirin, paracetamol and surgical dressings with a 15 per cent discounts and a free "Port & Stilton" offer. *Numark Management Ltd. Tel: 0827 69269.*

The telephone number for Swains Ltd is 0485 533393 and not as stated in last week's Counterpoints.

Autodrop. Blinking marvellous news for your eye drop customers.

Some recent research we commissioned at Owen Mumford has opened our eyes.

It strongly suggests that everytime you dispense an eyedrop prescription, you're also giving your customer a not insignificant problem. Namely, people hate administering eyedrops.



Bad enough if they're doing it themselves, they report, even worse if they're trying to do it for someone else.

Eyelids instinctively blink, valuable fluid pours everywhere but where it's meant to. Treatment compliance is often a lost cause. Not for the first time, OWEN MUMFORD have come up with a brilliantly simple answer. New AUTODROP.

Moulded to fit perfectly over the eye, AUTODROP fits most types of eyedrop container, and while automatically holding the eye open, delivers the dose precisely where it's wanted...

...helping your customers complete their treatment course simply and successfully.

So next time you dispense eyedrops, why not dispense with their administration problems as well?

With new AUTODROP - the clinically-tested way to make sure everything drops into place.



Only
£1.75

R.S.P. Inc VAT

Autodrop

from Owen Mumford

Developed in collaboration with the RNIB

Contact your local wholesaler immediately
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Oxford OX7 1TU. Tel: (0993) 812021
Telex: 837864 OMMLET G Fax: (0993) 813466

OWEN MUMFORD

Mam sell soft spout separately

Mam have introduced their soft drinking/training spout as an accessory which can now be sold separately.

The spouts were introduced last year as part of the Mam Nurser Starter system. They will now be available in pairs (£1.75) so that any standard bottles in the range can be used as training bottles.

The teats are manufactured from white thermoplastic rubber and are packaged in blister cards with POS skillets for 12 cards. *Mam (UK) Ltd. Tel: 021-459 4304.*

G. R. Lane Health Products Ltd have taken over responsibility for the sales and distribution of Thompson's Slippery Elm Food. There will not be any changes to published retail and trade prices and supplies will continue to be available through current wholesalers. All orders should be sent to *G. R. Lane Health Products Ltd, Sisson Road, Gloucester. Tel: 0452 507458.*



Farleys bring rusks up into the 90s

Farleys have redesigned their entire range of rusks packs for the new year, which they say, will bring their image "firmly into the 1990s".

On shelf from December, the packs are said to be cleaner and fresher and now use an illustrative style as opposed to photographic. The company believes that this

will communicate the dual usage of the rusks both as an ideal first weaning food and a finger food for older babies and toddlers.

Advertisements in parentcare magazines and the women's Press will be supporting the range in the New Year, says the company. *Crookes Healthcare Ltd. Tel: 0602 507431.*

Pudgies go on air with television campaign

Nice-Pak International are backing their recently launched Pudgies Natural baby wipes with a £1m advertising campaign starting later this month.

The main thrust of the campaign will be post-Christmas when the brand's first television commercial is broadcast nationwide on TV-am from January 2.

The campaign, comprising ten and 30 second commercials, is set to run for an initial four week burst, and Nice-Pak are also considering "tactical" regional television support on a phased basis. Further national exposure is planned for May 1991.

The advertising campaign will be reinforced by an intensive promotional and public relations programme, including advertorials, competitions and baby care literature. *Nice Pack International Ltd. Tel: 0634 290773.*

BETTER PERFORMANCE BY ROBINSON

Following the joint venture between two leading UK names - Robinson Healthcare and Elbeo - the major brands in compression hosiery are facing a concerted attack on their market.

More than 6 million people suffer from some form of varicose veins.

It all adds up to a £6.7m market for Drug Tariff compression hosiery - and following the recent changes to specification in April 1988, the Robinson range is ideally placed to steal a march on the competition.

It's the use of Lycra®, and specialist manufacturing techniques, that make the

Robinson range superior to any other.

Now at last, women can wear compression hosiery without compromising their need for comfort, and their desire for fashionability.

But where exactly does Robinson score over other brands?

There are no inner seams to chafe the patient, allowing for longer use without discomfort.

Fit is improved too with a heavier nylon and Lycra® content, and improved thigh welts, doing away with unsightly wrinkling and sagging.

The heavier denier of 280,

whereas others use only 140 - also allows for better compression, guaranteed and certified by independent testing.

So the Robinson range is not only more comfortable to wear, it actually gives an improved performance.

But Robinsons score on fashion too.

The materials used in the construction of their compression hosiery give a better sheen to stockings, set off by the improved fit.

A carefully selected range of fashion colours - Cafe Creme, Nearly Black and Smokey Chiffon - are designed to attract all classes of wearer, young and old.

Robinson are confident that no other brand can hope to match their combination of specialist manufacturing techniques, specifically chosen materials, pure wearability and eye-catching appearance.



Sangers continue Hollywood promotion

Sangers have unveiled the latest stage of their Hollywood 'Film Festival' promotion which offers prizes for dealers ordering Kodak Ektachrome and Kodachrome films.

Dealers ordering 60 rolls of film can choose a video of either Indiana Jones and the Temple of Doom or the classic Doctor Zhivago, or a framed print of legendary screen goddess Rita Hayworth. Orders of 120 rolls of film receive Southern Comfort liqueur and ten red roses (sent to a dealer's nominated address) while 180 rolls qualifies for six

crystal bournon tumblers or a 'Hollywood' rose bowl.

As in previous stages, dealers can continue collecting their points rather than claiming prizes and aim for bigger prizes, which include a Sony colour television, Ferguson VCR and lead crystal decanter. This third stage of the promotion means a third chance to win a trip to Disneyworld. By participating in this promotion, dealers automatically qualify for the third in the series of grand draws for family tickets to visit Disneyworld. *Sangers. Tel: 021-523 4471.*

Now stamp dispensers

The British Telecom Phonecard 5000 vending machine now costs £159.95 (trade) and includes £50 worth of phonecards, saving more than 40 per cent on the launch price.

Approved BT agents generate 10 per cent profit on all card sales

each card costs £2 and the dispenser holds 120. It measures 17in high, 11in wide, and 5in deep, and can be secured to a wall or counter with four concealed screws.

A complementary StampBank machine, dispensing £1 stamp booklets, has also been introduced into the machine.

Stamp Bank costs £159.95 (trade), including a free £50 stock of stamps, say *APS Communications. Tel: 071 235 0062.*

ON TV NEXT WEEK

GTV Grampian
B Border
BSB British Satellite
Broadcasting
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4

U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television
TV-am Breakfast
Television

SK Sky
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Beechams hot remedies:	All areas
Beechams Powders Capsules:	All areas
Benilyn:	All areas
Brut:	All areas except TV-am
Cough Caps:	All areas
Day Nurse:	All areas
Impulse:	All areas except TV-am
Listerine:	All areas
Lynx Body Spray:	All areas except TV-am
Night Nurse:	All areas
Nurofen:	Y, HTV, TVS
Resolve:	All areas
Sanatogen Multivitamins:	All areas except TV-am
Solpadeine:	All areas

Gillette UK are supporting sport in Middlesex with sponsorship of the Rightguard Sport Middlesex County Sports Awards. *Gillette (UK) Ltd. Tel: 081-560 1234.*

Crookes Healthcare have announced that Complan is to sponsor leading Scottish football club Dundee United. *Crookes Healthcare Ltd. Tel: 0602 507431.*

BETTER LEGS

BY
elbeo



Robinson Healthcare, in association with Elbeo, bring you the ultimate in compression hosiery for men and women.

Now your customers no longer have to sacrifice fashionable looks when looking for effective support.

Available in classes 1, 2 and 3, in four fashionable shades, Robinson Compression hosiery provides real

comfort, greater support and better fit than any other product on the market. Conforming with Drug Tariff Specification No 40 the Robinson range of compression hosiery sets new standards of support, comfort and fashionable looks.



ROBINSON
HEALTHCARE

HIPPER HOUSE, CHESTERFIELD,
S40 1YF, UNITED KINGDOM

Clothes Show support for Kodak

The BBC Clothes Show programme is running a photo-competition themed to its "Clothes Show Live" exhibition at the NEC this month. Run in association with Kodak, the competition is open to all visitors to the show. The prize is an all expenses paid weekend in the company of the Clothes Show team in British Fashion Week.

Entry forms for the competition will be available from the Clothes Show Guide and the Kodak Stand at the exhibition, which runs from December 6 to 10. *Kodak. Tel: 0442 61122.*

Jordan have developed a new V-tuft toothbrush (£1.09) said to incorporate the latest theories in oral hygiene. The new brush has an oval shape and the length of the head has been reduced by 15 per cent allowing easy access to interdental spaces. The V-tuft bristle head incorporates round headed, medium strength bristles. *Chemist Brokers Ltd. Tel: 0705 219900.*

Back to the Sixties with Dior range

Monochrome is the name of the Spring/Summer look from Christian Dior, said to complement the current revival of the famous Sixties look.

The range comprises two colour palettes (£24) — the namesake monochrome, comprises shades of amber, grey sand, limestone, pebble and slate, while images comprises granite, broom, horizon, heather and mallard. Duo shades (£14.50) come in orange/blackberry and vanilla/strawberry.

For the lips, the company has introduced four new shades

(£9.50) with matching nail enamels (£8.50) in pink, copper, tomato red and garnet red.

Two new products join the Spring range, an eyebrow pencil and a new corrector. The pencil (£6.25) has a brush at one end and also comes with its own pencil sharpener it is available in four shades.

The anticren corrector contains beeswax and calendula (£11.45) and can be used either to conceal shadows or cover up spots. It is available in two shades of light or medium. *Parfums Christian Dior. Tel: 0273 515021.*

Lauder Blush for Spring

Just Blush is the latest range from Estée Lauder in preparation for Spring 1991.

The namesake of the collection Just Blush (£15) is a pressed powder compact with its own brush which can be dusted over the eyes and cheeks.

Lip shades for Spring (£10) include chestnut, coral kumquat

and soft pink, while lip liners come in shades of papaya or cafe rose (£12.50).

The company has also introduced lucidity translucent loose powder available in four shades with sun protectors (£7.50), says the company. *Estée Lauder Cosmetics Ltd. Tel: 071-493 9271.*

Electronic stress relief

Stress Man, a device worn like a personal cassette tape player and said to relieve stress, has been developed by Dr Dean Richards, an Australian medical practitioner.

The unit works on the principle of electronic stimulation. An earpiece locates and sends mild electronic impulses to an exact treatment point on the upper ear, say distributors Kingfisher.

The impulses stimulate nerve receptors which, in turn, are claimed to prompt the body's own defence immune system to produce natural chemicals to combat stress-induced imbalances. Dr Richards claims his findings show that Stress Man considerably lowers stress levels, enhances relaxation and improves sleeping patterns. Beneficial effects, in most cases, are claimed to be felt after a couple of 30-minute sessions.

The Stress Man (£169) is supplied with an earpiece cable and plug, conductive gel, instructive booklet and warranty card. Batteries are not included. *Kingfisher UK Ltd. Tel: 081-554 5414.*

IMPORTANT NOTICE IMMEDIATE SUPPLY— FROM STOCK

URINE DRAINAGE LEG BAGS

SHORT TUBE	SIZE	LONG TUBE
783463	350ml	783501
783471	500ml	783528
783498	750ml	783536

PACKS OF TEN LEG BAGS. COMPLETE WITH LEG STRAPS & FITTING INSTRUCTIONS

AQUADRY
IS
AVAILABLE ON
PRESCRIPTION

2 LITRE NIGHT BAGS

PACKS OF 10

- 783560 AQUA 4. DRAINABLE 2 LITRE BAG WITH NON-RETURN VALVE. STERILE.
- 783552 AQUA 2. NON DRAINABLE 2 LITRE BAG WITH NON-RETURN VALVE.
- 783579 LEG STRAPS. PACK OF 10 FOR AQUADRY LEG BAGS.

AQUADRY FROM THACKRAYCARE

CONTACT YOUR WHOLESALE OR CALL THACKRAYCARE
FREE ON 0800 590916

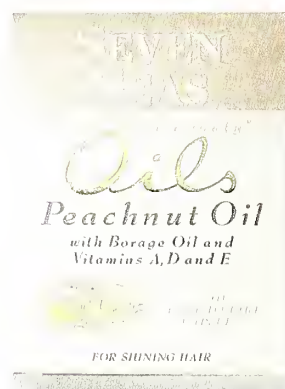
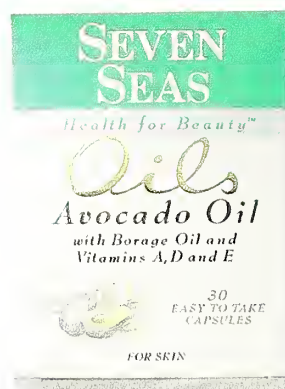
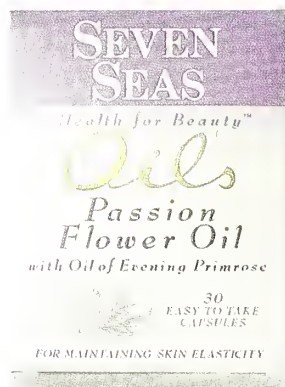
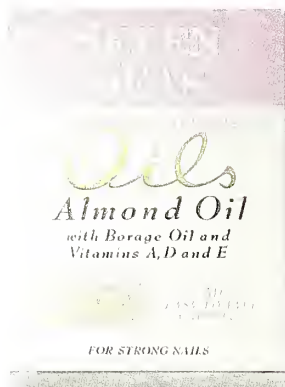


Help put an end to all the suffering at Christmas.



Rennie is a registered trademark

This Christmas, Rennie is maintaining its position as brand leader with a heavyweight television campaign and promotional support. Think of others. Stock up now.



These days, more and more women are learning about the health and beauty benefits of natural oils such as EPO and Cod Liver Oil.

It's a trend that's not only growing fast but one that's definitely here to stay.

Which is why we at Seven Seas have used our considerable know-how and expertise in oils to develop an exciting new range of natural plant oil supplements.

Called simply 'Health for Beauty Oils,' it's a range of four dietary supplements based on oils that have an established link with particular areas of beauty care.

Avocado, Almond, Passion Flower, and Peachnut.

Each one carefully blended with essential nutrients that help promote shiny hair, good skin, and strong nails.

Tried and Tested

In consumer trials, each supplement has proven itself to be both safe and effective as well as widely appealing.

In fact 63% of women who took part in the survey reported positive results after just one month (normally it takes at least three months to see the full benefits) and more than 70% said they would continue to take them.

Available in hygienic bubble packs containing one month's supply, 'Health for Beauty Oils' come in easy-to-swallow capsules and are only three calories each.

£450,000 Advertising Campaign

As always, we'll be supporting the new range with a national ad campaign in women's magazines starting in the spring.

To order your stocks contact your usual Seven Seas representative.

SEVEN SEAS
Health for Beauty™

Oils

We're turning the health supplement market inside out



THE
EFFECTIVE
NEW WAY TO LOOK GOOD
AND STAY HEALTHY.

(It seems women find them very attractive.)

Serevent: a 'major breakthrough' for asthma



Allen & Hanburys are launching Serevent on Monday. It contains salmeterol which the company is hailing as the first major breakthrough in the treatment of asthma for nearly 20 years.

Salmeterol is a new type of inhaled, selective β_2 adrenoceptor agonist — a so-called protector — which gives 12 hour bronchodilator control from a single dose and helps to control inflammation.

This unique, dual mode of action means that Serevent can help to treat the underlying

disease as well as providing relief of symptoms, say A&H.

Structurally, it is similar to conventional β_2 agonists, with a long, non-polar side chain which binds with a portion of the cell membrane. It is this that enables the molecule to remain at the site of action for prolonged periods.

A twice daily dose abolishes asthma symptoms for 24 hours, making it particularly useful for nocturnal asthma symptoms and exercise-induced asthma, say A&H.

The use of Serevent is

complementary to therapy with inhaled steroids, which together provide the optimum control of asthma, A&H believe. Short acting β_2 agonists should also continue to be prescribed for any "breakthrough" symptoms.

To gain full therapeutic benefit, regular use of Serevent is recommended. The onset of bronchodilator effect usually occurs within five to ten minutes. As adverse effects may occur with overdosing, the dosage and frequency of administration should be increased only on medical advice.

Clinical trials are underway studying the use of Serevent in children, and a licence extension is expected to be filed in the second half of next year.

Manufacturer Allen & Hanburys Ltd, Horsenden House, Greenford UB6 0HB

Description Pressurised metered-dose inhaler delivering 25mcg salmeterol hydroxynaphthoate with each of 120 actuations, and a disk comprising four regularly spaced double foil blisters each delivering a mixture of 50mcg salmeterol hydroxynaphthoate and lactose

Uses Long-term, regular treatment of reversible airways obstruction in asthma and chronic bronchitis

Dosage Inhaler: Two inhalations or, for more severe airways obstruction, four inhalations twice daily. **Diskhaler:** One blister or, for more severe airways obstruction, two blisters, twice daily. No need to adjust the dose in the elderly or in patients with

impaired renal function. A Volumatic spacer may be used with Serevent inhaler in patients who find co-ordination difficult

Contra-indications, warnings etc Hypersensitivity to ingredients

Precautions With the starting of Serevent therapy, it may be necessary to reduce symptomatic bronchodilator therapy. If patients develop increasing consumption of a short-acting β_2 -agonist over a short period of time, medical attention should be sought. In acute severe asthma, monitor serum potassium levels where treatment with xanthine derivatives, steroids, diuretics, or hypoxia may potentiate hypokalaemia. Use with caution in patients suffering from thyrotoxicosis. Consider use during pregnancy and lactation only if the benefit is greater than any risk to the foetus (see Data Sheet)

Side effects Tremor reported rarely, but tends to be transient, dose related and reduces with regular therapy. Headache and subjective palpitations reported rarely in clinical trials. Potentially serious hypokalaemia may result. The potential for bronchospasm should be kept in mind, and Serevent should be discontinued if it occurs

Packs Inhaler (120 actuations £28.60), diskhaler (14x4 disks £29.97), refill (14x4 disks £29.40, all prices trade)

Supply restrictions POM
Product licences Inhaler 0045/0157, diskhaler /0158
Issued December 1990

BRIEFS

Rhône-Poulenc Rorer have launched Clexane injection, which contains enoxaparin — a low molecular weight heparin. It is indicated for the prophylaxis of thromboembolic disorders of venous origin and the prevention of thrombus formation during haemodialysis. Clexane is available in single dose pre-filled syringes, in a 20mg strength (ten by 0.2ml syringes £49), and 40mg (ten by 0.4ml syringes £88.20, both prices trade). **Rhône-Poulenc Rorer Ltd.** Tel: 081-592 3060.

ICI's ACE inhibitor Zestril (lisinopril) is now indicated for first line use in patients with all grades of essential and renovascular hypertension. **ICI Plc** (Pharmaceutical Division). Tel: 0625 582828.

Wyeth will no longer be supplying Phospholine iodide eye drops. From December 3, inquiries and requests for "named patient" supplies should be made to Mrs Heather Wilkins at **Cusi (UK) Ltd.** Tel: 0428 61078.

Zyma have changed the packaging of Fenostil-retard, which now come in blister strips of ten by ten tablets. The pack size and price remain the same. **Zyma (UK) Ltd.** Tel: 0625 584788.

Glaxo are introducing a 30-tablet pack of Zofran 4mg tablets (£187.50 trade). **Glaxo Ltd.** Tel: 081-442 3434.

Roche's Bactrim iv infusion is temporarily out of stock, and is likely to remain so until the end of January 1991. **Roche Products Ltd.** Tel: 0707 328128.

Robinson launch compression hosiery range

A joint venture between Robinson and Elbeo has resulted in the launch of the Robinson compression hosiery range.

The company says they are making a concerted attack on the £6.7m market for Drug Tariff compression hosiery, with a range that is more comfortable to wear, gives an improved performance, and is more fashionable than other brands.

The stockings incorporate a knitted toe and heel and a linked seamless toe, so that there are no inner seams. Fit is improved with a heavier nylon and Lycra content and improved thigh welts, doing away with wrinkling and sagging.

The materials used also give a better sheen to the hosiery, say Robinson.

The heavier denier of 280, compared to only 140 in other brands, also allows for better compression, guaranteed and certified by independent testing, claim Robinson.

The range comprises Classes 1, 2, and 3 in thigh length and below knee styles, and in small, medium, large and extra large sizes. These are available in colours cafe creme, nearly black, smokey chiffon, and for men in dark blue below knee stockings. **Robinson Healthcare.** Tel: 0246 220022.

Absolute Alcohol

Synthetic quality available to British and all well known International Specifications and Pharmacopœias

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Badger protection

I would be grateful for the opportunity to make a plea on behalf of the Eurasian badger *Meles meles*. Although badgers are protected in the UK we import their fur from certain countries, especially China. It is the same species that we in the UK hold in high regard and strong affection. This exploitation, for the production of badger shaving brushes for sale as a luxury product in this country, arouses some concern among the public.

This is shown by the question printed in the *BBC Wildlife* magazine, August 1990, about the cruelty involved. John Taylor, chairman, National Federation Badger Groups UK in his response, suggested that the badgers caught in China may be caught by the very cruel leg hold trap, which was banned in the UK in 1958. Incidentally, those people advocating the use of this trap might like to reflect that the great statesman chiefly responsible for the ban in the UK was Winston Churchill. Whether this trap is or is not involved in the exploitation of Chinese badgers is very difficult to determine. I do believe, however, that even if it is not

involved, the trade is merely an extension of the fur trade, and as such should not be encouraged.

I am told by representatives of a firm involved in the UK sales that in China the Eurasian badger is a "pest" species, therefore the exploitation is apparently justified. I remain to be convinced on this, because it should not be forgotten that this term is used by Japan to justify the slaughter of dolphins, and by Norway to justify its attempts to continue the slaughter of the Minke whale.

It is hardly applicable to attempt to justify the trade on the grounds that the badger bristles are a "by product", which of course is the case of leather and the food industry.

Finally, might I refer those people who wish to defend and perpetuate this trade in the UK to a recent highly acclaimed book on the Natural History of China, which places the Eurasian badger, along with other species — eg the leopard and tiger — as being in need of protection in Changbai nature reserve. I believe that the public who know about these things are unhappy about the concept of UK firms gaining financially from these exploitations, which appear to be unlikely to escape the charge of cruelty.

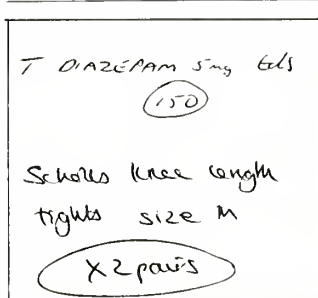
Malcolm H. Espley
Chester

A proposal to LPCs

When will John Williams get the message that the majority of LPCs and their secretaries are neither moribund nor lazy. They are just sick to the back teeth with his circular letters saying that he is the potential salvation for NHS contractors, and now wishes to call his own conference.

He need not "give in" if that concept worries him, but he could do us all a favour and "give over".

Bob Worby
London E17



The thought of how the patient would walk while wearing such a creation, amused our subscriber from Suffolk

More letters on p974

POSTBAG

References:

- 1 Martindale (The Extra Pharmacopoeia) 29th Edition: pp933-934.
- 2 Cunliffe W J., Dodman B, Brit. J. Clin. Prac. 28: pp314-316: 1974.

Abridged Prescribing Information:

Indications: Psoriasis, seborrhoea, eczema and pruritus of the scalp, dandruff. [ACBS].

Active Ingredients: Polytar 1%, oleyl alcohol 1% w/w.

Dosage: Use as a shampoo, once or twice weekly, with vigorous massage of the scalp.

Warnings: Occasional skin irritation, rash or photosensitivity.

Legal Category: G.S.L.

Package Quantities & NHS Prices: 65ml: 91p; 150ml: £1.34; 350ml: £2.37; 1L: £6.18.

Product Licence Holder & Number: Stiefel Laboratories (UK) Limited, 0174/5016 R.



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LETTERS

Necessary duplication?

It was particularly pleasing to read in your **Topical Reflections** column that the availability of Epogam and Efamast as licensed pharmaceuticals seems to be convincing a growing number of pharmacists of the rationale and benefits of evening primrose oil, and its place in conventional medicine. However, I was disappointed to see that the introduction of Efamast should be considered by Xrayser as a "totally unnecessary duplication".

As Xrayser will be aware, Epogam and Epogam Paediatric is for the treatment of atopic eczema, whereas Efamast is licensed for the relief of breast pain. Two very different indications which not only require different dosage schedules but very different approaches to patient information.

Scotia Pharmaceuticals strongly believe that patients should be given as much information and counselling about their medication as possible and in order to help pharmacists and doctors achieve this objective we produce extensively detailed product support and patient information material. Surely this is a move in the best interests for all concerned. However, it would be unsatisfactory to provide product information on the same sheet to patients with such different clinical conditions.

The Efamast patient information support package contains material which is designed to perform a very different function from that for Epogam. Patients with breast pain are concerned about the possibilities of breast cancer and needs GP reassurance that nothing sinister is amiss.

The Efamast patient

information support package therefore includes product information and a breast care guide written by Professor Robert Mansel, an opinion leader in the field of benign breast disease to help allay these fears and help them use the product to best effect. Hardly suitable reading for a patient with atopic eczema.

Conversely, Epogam information is highly specific for atopic eczema, and the concerns which these patients have. Furthermore, as your correspondent rightly summarises there is a likelihood that Scotia's evening primrose oil may have an application in diabetic neuropathy, yet another very different indication, with a different mode of action and dosage regimen. Is he/she really suggesting that we include information relevant to diabetics on leaflets for breast pain or eczema sufferers?

At a time when pharmacists are rightly being encouraged to become actively involved in patient education and counselling, I find it disappointing to read that the actions of our company to support the profession in these areas should be so negatively received. Had we used the launch of Efamast as an opportunity to inject a disguised price rise into the marketplace I would have been more understanding. However, this is not the case.

I'm sure Xrayser does not limit selection of OTCs to one line of a particular active ingredient, why should a different philosophy exist on one side of the counter to the other?

Michael P. Wakeman
Marketing director, Scotia
Pharmaceuticals

No apathy at Bradford

John Williams (Letters, November 17) assumes that the failure of 60 per cent of local pharmaceutical committees to offer constructive comment on his letters earlier in the year is due to apathy.

Bradford LPC was one of those who *did* acknowledge his letters. We discussed the matters he raised at some length, at two meetings of the committee and made the positive decision that we have confidence in our negotiators. We then informed him in writing of that decision. That we had no further comment to make was not due to apathy; it was a conscious decision.

At our most recent meeting we also discussed Mr Williams' latest proposal. While we had

some sympathy with his comments about resolutions for the LPC Conference, we noted that the Royal Pharmaceutical Society seems to "launder" its Branch Representatives Meetings resolutions as well. It just does it differently.

Far from being apathetic, nearly all the members of Bradford LPC have recently given up a Sunday to attend the PSNC "road shows", and we are now acutely aware of the realities of negotiating life. We wish Messrs Sharpe and Axon and their colleagues well, and reaffirm our support for them.

R. Hazlehurst
Secretary, Bradford LPC



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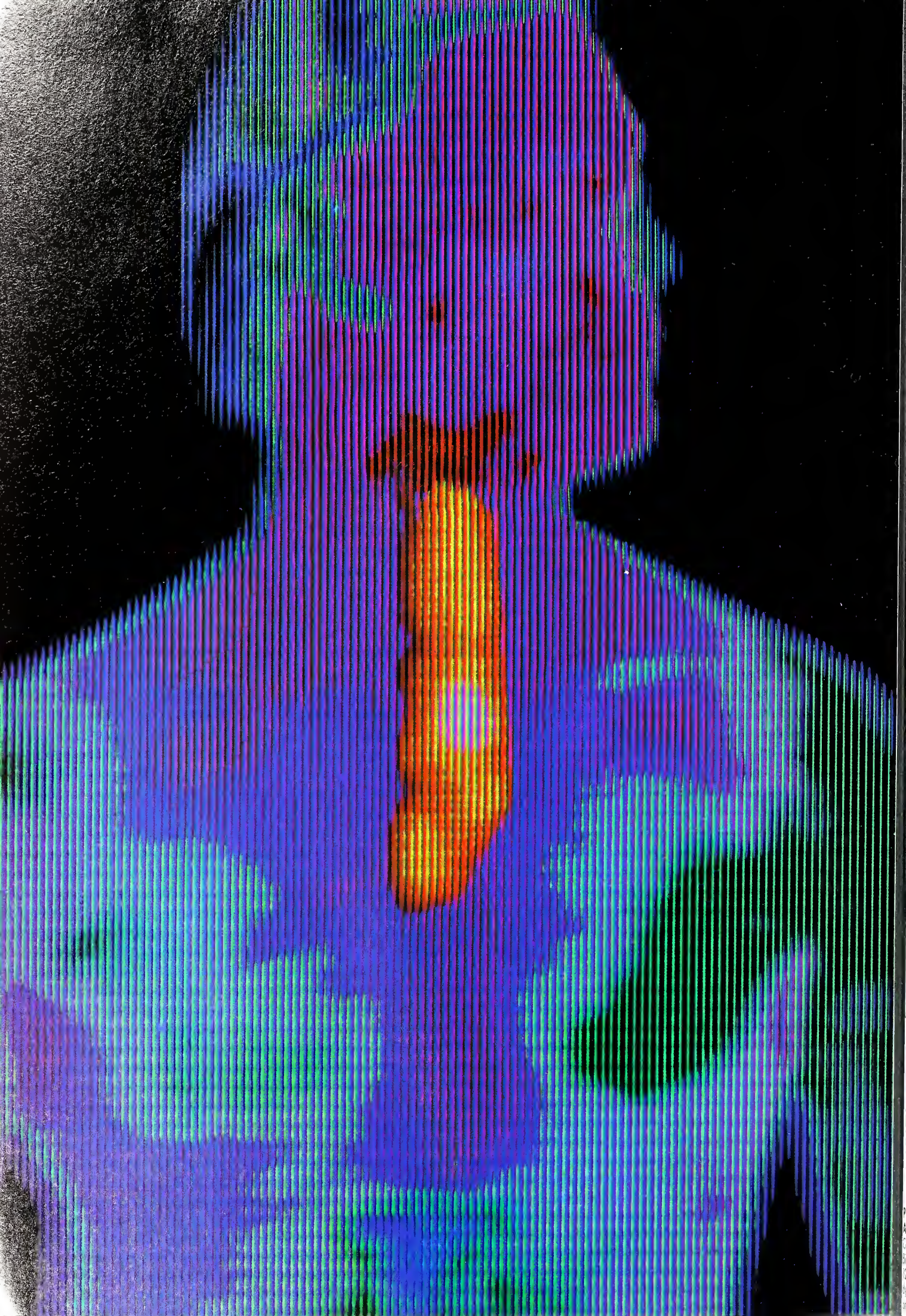
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10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Gavison 250 Tablets: Adults and children over 12: 2 tablets to be chewed thoroughly as required. Children under 12: not recommended.

Note: 10ml liquid contains 6.2mmol sodium. One Gavison 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gavison are sugar-free. **Product Licence Nos:** 44/0058 Liquid Gavison, 44/0103 Gavison 250. Further information is available on request from: Reckitt & Colman Products, Donsom Lane, Hull HU8 7DS. * Gavison is a registered trade mark.

Pharmacist dispensing for 4,500 in village would 'save' £16,000 a year

In a village with a population of 4,500 the taxpayer would profit by almost £16,000 a year if dispensing was done by a pharmacist unopposed, says Lincolnshire LPC secretary Noel Baumber. If the pharmacy was opposed by a dispensing practice which retained the dispensing for a third of the patients, the taxpayer would still save money, but the gain would only be in the order of £4,000 a year.

Presenting these figures to the Rural Pharmacists Association Conference in Torquay on Sunday, Society Council Member Noel Baumber said the message was clear: "It is much cheaper for the Treasury for the pharmacist to do the dispensing even for two or three doctors in a village of 4,500 people. But only when he practices unopposed does the pharmacist receive a viable margin."

Mr Baumber's calculations were based on current averages for prescriptions per annum, ingredient cost, oncost, discount scales and fees, and includes in the doctors' figures staff reimbursement at £5,656 per year.

With doctors doing all the dispensing, Mr Baumber calculates a profit on dispensing of £50,758.92, with staff reimbursement taking gross profit over £56,000 (28 per cent of turnover). When the pharmacist takes 3,000 patients, his gross profit is just over £27,000 (20 per cent) while the doctors, still helped by their staff allocation, come down to just over £25,000 (36 per cent). When the pharmacist dispenses for all 4,500 patients, his gross profit moves up to £40,475 (21 per cent); the doctors' fall out of the equation.

"Progress lies in getting rid of dispensing 'grey' areas," Mr Baumber said. "There should not be any opposed situations in rural areas." He added that when an FHSa decides a pharmacy can open in a controlled area where there was previously a dispensing practice, there should be no gradualisation, the Government should compensate the doctors if necessary and leave the pharmacy to get on with the economical provision of pharmaceutical services.

Mr Baumber said any claim the Dispensing Doctors Association had to power was illusory. "The real power that seeks to stop (pharmacy) progressing, that limits the income of all community pharmacists and locks the cage in



LPC secretary, Noel Baumber

which the rural contractor sits, is the BMA."

'Future of pharmacy lies with companies and not with independents'

Mr Baumber said rural issues have begun to creep into politics, especially with the conservation backlash. "We don't know whether the concerns of the conservationists will extend to including the preservation of the rural pharmacist," Mr Baumber said. "To make sure they do, we have to employ more than one strategy for tackling the problem."

Machiavelli's words "It is an advantage in propaganda to seem more virtuous than your adversary, and that one way of seeming virtuous is to be virtuous" reminded him that pharmacists, as a profession concerned with delivering healthcare, have an advantage in already being seen as virtuous in the public eye. "But we seem to be politically powerless when faced with an autocratic Secretary of State, and we see another possible disadvantage in the need for the use of propaganda," Mr Baumber said there was no better public relations officer for the profession than each and every member of the Society.

Mr Baumber called for a

rethink of the pharmacists' role and not simply in the recognition of new services. "While I welcome the recognition that we should be paid for our advisory role, I am apprehensive because of the experience with residential home payments. What should have been a simple matter has become a multi-agency agreement to monitor standards and a bitter fight over who supplies who with what patient dosage system."

Mr Baumber said that in the field of communication, pharmacists had yet to set out their stall. "We have to fit into the larger political picture and that means reducing the amount of disease in the population." The real target is poverty and ignorance. "People need time and privacy to help them concentrate on what is being said. They rapidly forget what is important and find it difficult to act on the information provided. If we can help at all as pharmacists to incorporate public demand for more information in the extension of our role then we must guide ourselves in the direction of being good communicators."

Mr Baumber accepted this might mean redesigning pharmacies. "When are we going to give patients a decent reception area and the kind of confidentiality they receive in the local surgery?" he asked. "At the moment you are not competing on equal terms with GPs for the best value in consultation. After all, he has the generosity of the state behind the funding of his premises, and you are not going to win the patient unless you rebuild a pharmacy from the patient's side of the counter."

Mr Baumber said the changes he envisaged required new policies for education and new money for the presentational changes. "It means finding protected time for pharmacists and staff, but above all it demands a level of commitment in return from the pharmacist."

"One of the impressions I have had reinforced this last month has been the certainty that the future of pharmacy lies with companies and not with independents," Mr Baumber said. "Their advantage comes from the ease with which they can attract low-cost investment from investors other than pharmacists. They can grow by acquisition rather than increasing turnover. Their profits are greater not just because they can buy in bulk, but because they are cost-efficient

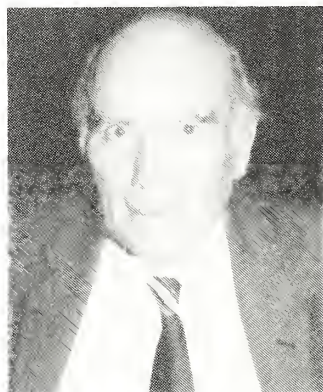
and content with smaller margins from a larger gross turnover."

Mr Baumber said rural practices had to recoup costs in the same way as multiples "but your margins are pressurised by the dispensing practice to an unacceptable degree."

Lincolnshire was a lesson to all of what happens when doctors do their own dispensing, Mr Baumber said. Some 50 per cent of doctors dispense to 30 per cent of the population and that amounts to the work of 34 extra pharmacies. "As it is the situation seriously affects the income of 40 existing pharmacies," Mr Baumber said that if there was any move to reduce the frontloading of the contract, the only prop for rural pharmacy might be the Essential Small Pharmacy Scheme, with emphasis on the word small.

Mr Baumber said the DoH-chaired Working Party on the future of pharmacy provided a real opportunity for all pharmacists to make sure the real problems are seen for what they are and properly addressed.

Knight is new RPA chairman



RPA chairman, Jack Knight

Jack Knight of Crewkerne, Somerset, was elected chairman of the Rural Pharmacists Association at the annual meeting of the RPA held during the Conference last weekend.

Immediate past chairman Roger King becomes temporary vice-chairman. Treasurer Stanley Bubb and secretary John Davies were re-elected. Dennis Milligan, pharmacist member of Devon Family Health Services Authority, joins the Committee.

Counselling by computer: public more impressed than pharmacists

A trial on the potential use of a computerised counselling system in pharmacies revealed problems for the profession, but suggested patients would be interested in a self-service system.

That was one conclusion that could be drawn from a study by Rebecca Boakes of the Pharmacy Practice Research Unit, Aston University, who is currently completing a thesis on the applications of computer technology in community pharmacy.

In September 1989, some 16 pharmacists were recruited into a trial of Channel Business Systems' pharmacy suite of programs, including a computerised patient counselling module, through an advertisement in *Chemist & Druggist*. The trial aimed to find out the reactions of both pharmacists and customers to the package.

Between January and April this year the 12 pharmacists who

had continued to use the software were visited or contacted. However, Ms Boakes told the Conference, none said they were using the counselling module on a regular basis.

"The reasons given included impracticality when talking to the patient, it increased the time involved, and the pharmacists felt that patients would have less confidence in them if they had to refer to a screen." Ms Boakes said. Use of the module also required temporary loss of the labelling function.

However, one or two of the pharmacists suggested the counselling module was more practical if customers could use it by themselves. And one who had stopped using the CBS software for medication records and labelling was running the counselling software on a computer sitting on his medicine counter for patients to use.

Ms Boakes said she decided to conduct a small-scale case study in



Rebecca Boakes, Aston University

this pharmacy into the use of the module by pharmacy customers. Of 30 customers questioned who had used the computer, 22 had

asked a pharmacist for advice on a previous occasion, and 21 had used computers at home or at work. Some 19 said they had used the computer out of curiosity, six had wanted advice about a specific problem and three had been prompted by staff.

Almost all (27) of those questioned had found the module easy to use, and 22 found the information given easy to understand; 26 said they would use the module again and 25 said they thought it was a good idea for pharmacists to offer such a service. Only one person was worried by the information given, said Ms Boakes, and that was because they didn't understand some of the words.

Ms Boakes said many of the problems perceived by the pharmacists would be overcome by using the counselling module on a separate, stand alone computer, possibly in a counselling area.

From the patients' point of view, most seemed to use the module out of curiosity initially. As computer literacy among the population increases, such a system could become an attractive addition to pharmacies. "But it should enhance rather than replace, the information given by a pharmacist," Ms Boakes said.

HEAD LICE TREATMENTS ARE AS VARIED AS HAIRSTYLES...



Pharmacists should not overlook role in social care

Pharmacists can make an important contribution to priority care and the profession should look at itself in a much broader context, Mary Tompkins, principal pharmacist, priority care and community liaison, North West Thames, told the Conference.

Priority care groups like the mentally handicapped, elderly, those with mental health problems, and the physically handicapped, were, as a matter of Government policy, going to be increasingly found at home, in sheltered housing and in residential care, Ms Tompkins said. "Where pharmacists haven't been working with local authorities, it is unlikely those authorities will recognise there are social needs around medicines."

Ms Tompkins said that in two recent health circulars on the care of mental health patients, there was no mention of pharmacy. "My own view is that there are pharmaceutical needs — ensuring patients can take their medicines and, if they can't, that someone is

around who will ensure that they do, and generally inputting into the appropriateness of treatment".

Ms Tompkins said hospital pharmacists should be communicating with local community pharmacists about the needs of patients being discharged

from long stay hospitals. "I am sure you all know of psychiatric patients who need considerable support," she said.

Ms Tompkins said she was not suggesting every Community Mental Health Team needs a pharmacist, but there are



Principal pharmacist, priority care and community liaison, Mary Tompkins

Encouraging applications is RPA's job

The Rural Pharmacists Association's job in 1991 is to encourage applications in rural areas, says its secretary, John Davies. Speaking on the eve of the Association's Conference last Sunday in Torquay, Mr Davies said the RPA must inform opinion holders in local communities of the wide-ranging benefits of a pharmacy in any community and make them aware of the advantages in having doctor and pharmacist caring for the community in harmony.

The imminent demise of the Rural Dispensing Committee has not stopped pharmacists applying for contracts in rural areas. The overall picture was one of increased action, Mr Davies said. There was a sudden rush of requests for help after publicising the September 17 deadline for the RDC procedure. But he had also received several calls since. "This is very encouraging, especially when BMA-supported appeals against pharmacists have come crashing to the ground."

Mr Davies said the number of prescriptions dispensed in surgeries is close to 26 million a year. Between 1978 and 1988 the number of doctors with a dispensing list had increased from 2,833 (list average 1,077) to 3,626 (list average 906). Growth was probably due to larger partnerships, Mr Davies said, but he added that the figures suggest the overall number of patients on dispensing lists has increased by 234,000 in the same period.

Mr Davies said the average expectation of dispensing income per doctor was £7,000 per annum. Practice surgeries with three or four partners should be vulnerable to a pharmacy application, as potentially 5,000 to 6,000 patients are on the dispensing lists. "I hope pharmacists will seek and settle in such areas," Mr Davies said.

He attacked the notion that big is best. "We hear talk of reducing the number of pharmacies — at the British Pharmaceutical Conference of all places — but surely it must be made clear that such reductions should be made on a *quid pro quo* basis. There are pharmacies providing very excellent pharmaceutical services perhaps only dispensing 1,500 prescriptions a month. Who is to judge such pharmacies do not provide better services than those dispensing 4,500 a month. Is one three times better than the other?" Mr Davies asked.

occasions when one would be helpful. She outlined a case where a non-stable epileptic requiring frequent hospitalisation was found to be non-compliant. After work with his community pharmacist he was able to cope with twice a day dosage with the reminder he had taken his dose provided by a medication aid. The GP prescribed weekly, and if the patient did not turn up at the pharmacy on time, the pharmacist called the community nurse to investigate. The man has only needed hospitalisation once since.

Ms Tompkins said it was particularly important in a residential care setting that a community pharmacist works well with the community nurse and that a home has a policy on medicines handling. "What is needed is a clinical pharmacy (personal) approach," she said.

In domiciliary care, roles for pharmacy in medicines delivery and giving advice were obvious, but what about in high tech services like dialysis, total parenteral nutrition and cystic fibrosis therapy? "Pharmacists should be looking for opportunities. We are concerned with social care, it's just that we don't say it," Ms Tompkins said. "We need to take a more proactive approach, and put ourselves forward as part of the healthcare team."

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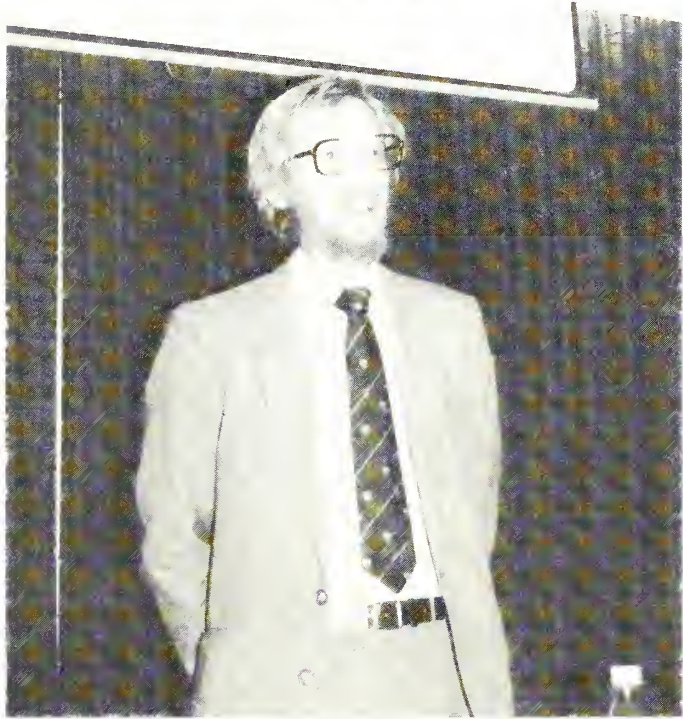
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'Grab IT now' says RPA chairman



"Exploit information technology" says Roger King

"Information technology is there to be grabbed," RPA chairman Roger King told the Conference. "We have seen what has happened in GPs surgeries. We now have Government investment in computers for GPs, but as far as I know there is no suite of programs that are good enough for GP surgeries."

Mr King said he got scripts for

1g tablets of paracetamol generated by a computer whose drug file could not be amended. "Government money is being poured into rubbish like this."

Pharmacists in the community were ideally placed to exploit information technology. "I would not be without my PMR system. It helps me everyday in dealing with my patients," he said.

Rural GPs would not be able to sell dispensing goodwill

It would be illegal for doctors to sell the "goodwill" of their dispensing business to a pharmacist, says the Medical Practices Committee of the Department of Health.

In a letter to Lincolnshire LPC secretary Noel Baumber, the MPC says it would be its view that the NHS Act 1977 does not vest the goodwill of a practice in the Secretary of State. Goodwill remains an asset of the practice subject to the limitation that it cannot be sold to other people.

"The MPC regards the provision of pharmaceutical services as an integral part of the NHS medical practice under

consideration. Consequently any sale of pharmaceutical services goodwill would, be unlawful, since it would be part of the goodwill of the whole medical practice," the Committee says.

It adds that Mr Baumber's suggestion that doctors should be allowed to sell the pharmaceutical side of their business and goodwill to a local pharmacist to rationalise services would appear to return to one of the recommendations for legislative change in the 1977 Clothier Report. "The Government apparently did not accept that suggestion in drawing up the 1982 Amendment Regulations," the MPC says.

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Radox — the key to pharmacy's bath and shower market

With shelf space tighter than ever and with increasing pressures on stock holding, there is a growing need for pharmacists to stock products from the most lucrative sectors. One of these is the bath additives market which is currently worth a massive £122.4m and offers opportunities to achieve maximum levels of profitability

The dynamic bath additives market is particularly pertinent to the pharmacy trade due to the impulse purchase nature of bath additives and their high gift potential. This profitable market is now worth £14m through pharmacies and is currently showing rapid growth of 19 per cent a year.

The current economic climate makes it obvious that pharmacies must stock products which are brand leaders in order to obtain high rate of sale and maximum levels of profitability. This is made easier by the fact that all sectors of the bath additives market, salts, liquids and shower gels are dominated by one brand, Radox from Nicholas Laboratories, with a massive 30 per cent volume brand share.

Radox represents the "one stop shop" for bath additives, and as brand leader in every sector, has an overwhelming presence. The complete brand range includes Radox Herbal Bath, Radox Herbal Bath Salts, Radox Moments and Radox Showerfresh and is the most successful and comprehensive range of products within the bath additives market.

Herbal Bath dominant

Radox Herbal Bath is the largest single brand in the total bath additives market and dominates the bath liquids sector which accounts for 66 per cent of sales and is now worth £81m at rsp. As the most developed of the bath additives markets it has fragmented into several profitable subsectors including family, children's, baby, feminine and premium. Research by brand owners, Nicholas Laboratories, shows Radox Herbal Bath is the only brand in this sector which consumers believe offers them recuperative benefits. Radox Herbal Bath is said to offer consumers "the secret of relaxation" helping them to relax and unwind, with its unique Radox blend of herbs, mineral salts and other natural ingredients.

Radox Herbal Bath dominates its competitors with a 13.4 per cent volume share versus Imperial Leather's 2.5 per cent share and Dettol Deep Fresh's 3.6 per cent volume share.

All four single variants of Radox Herbal

Bath boast a larger volume share than the entire Imperial Leather range put together, while Radox Herbal Bath's Mountain Herbs variant now has a larger volume share than the complete range of Dettol Deep Fresh variants. With four strong selling variants the pharmacist can offer the complete Radox Herbal Bath range with a guarantee of healthy rates of sale.

There is a trend in Radox Herbal Bath towards the 500ml size bottle. This is encouraging news for the pharmacist since consumers tend to pour more product into the bath with a 500ml size compared to the 300ml size, thus offering a greater volume sales potential.

Salt's herbal heritage

For some consumers however, a relaxing, herbal bath can only mean Radox's Herbal Bath Salts. The brand has retained a large band of loyal users because it can offer them something in terms of herbal heritage that no other product can match.

In consumer's minds research has

shown that there is really nothing quite like a relaxing Radox bath for soothing away those aches and pains or for easing tiredness.

Radox Herbal Bath Salts, is the biggest single brand in the salts market and dominates with a 68.9 per cent volume share, outstripping its nearest competitor Radian B which has a 3.1 per cent volume share. This is reflected in Radox Herbal Bath Salts' rate of sale which is ten times that of Radian B.

Salts has always been a strong sector through pharmacy and continues to show healthy growth. As John Feaver, product manager for Radox Herbal Bath and Salts says, salts at a value of £9m, is a very profitable sector: "With nearly 70 per cent of the market, Radox Herbal Bath Salts has very loyal users and once they are locked into Radox Salts they don't move away."

The pharmacy trade has made a significant contribution to the success of the salts sector and remains very important to this lucrative market. This is because one of the key factors contributing to the continuing importance of salts in the bath additives market is the ageing profile of the UK population, which is particularly pertinent to the age profile of the independent pharmacy shopper.

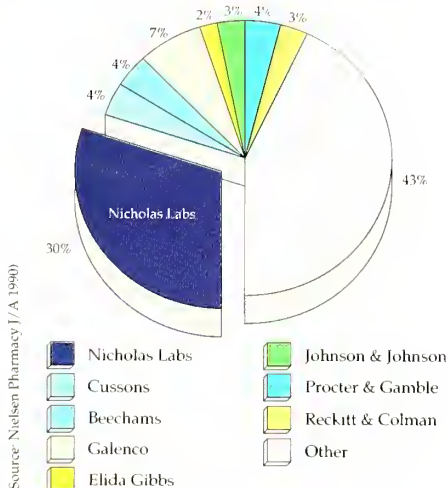
Other key contributing factors are an increase in consumer activities likely to lead to aches and pains, such as DIY and gardening and the strength of the Radox brand and support. A strong consumer offering centred around relaxation has an ever increasing appeal with today's pace of life and will help secure the continued success of Radox Herbal Bath Salts.

The feminine factor

In addition, Nicholas Laboratories are continuing to build on their success by leading the way forward in new, high growth sectors such as the feminine and male sectors of the bath additives market.

The feminine sector accounts for 25 per cent of the total bath additives market with a value of around £20m. These are the products which have to offer a more refined bathing experience with the reassurance of skincare and more aesthetic packaging. To meet these needs, Nicholas Laboratories developed Radox Moments, a coordinated range of Creme Bath, Shower Creme and Creme Soap. Radox Moments currently has a 4.0 per cent value share, ahead of its

MANUFACTURER VOLUME SHARES: BATH ADDITIVES



nearest competitor, Cussons Pearl with 1.7 per cent.

"Feminine products within the bath additives market are often bought on impulse or for their gift potential," explains Jan Oldfield, product manager for Radox Moments. "Range display is therefore extremely important as it encourages cross range purchase and extra sales."

Radox's shower lead

Radox's leadership of the bath additives market has also been extended to shower additives. Even though it is still a relatively young market, shower liquids is the fastest growing sector within bath additives. An annual growth rate of 20 per cent has taken the value of the market to £33m and Nicholas Laboratories are ensuring this rate is sustained by leading the way through product innovation and strong brand support.

Jill Mobbs, product manager for Radox Showerfresh says: "To be part of the boom in the shower gel market, pharmacies should be looking at stocking the brand leaders and with more visibility".

Radox Showerfresh is the largest brand in the market with a 19.6 per cent volume share in pharmacies and has already opened its lead further by tapping into the lucrative male shower gel sector. With phenomenal growth of 32 per cent in the total market, male shower gels are now worth £5.7m in their own right and Nicholas expects the sector's value to reach £6m by the end of the year.

Says Jill Mobbs: "As the number one brand, Radox offers shower products for everyone in the family including new male variants with male fragrances".

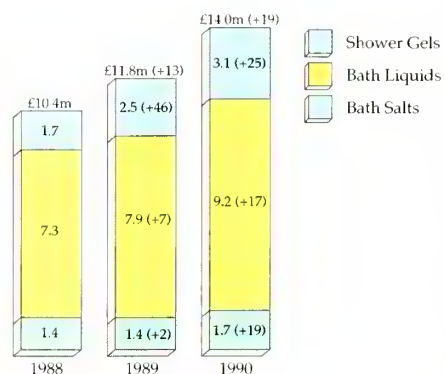
Radox Showerfresh For Men contains an extra deodorising ingredient which research showed men considered important in a shower product. The new variants are Aqua which contains an aqua-coloured gel and Black which has a clear-coloured gel. Like the original Blue Radox Showerfresh For Men which is selling extremely well, both have light, refreshing fragrances and can be used to cleanse and condition hair as well as wash the body.

As with other sectors in the bath additives market, male specific toiletries are inclined to be either an impulse purchase or a gift purchase. Independent research has shown that male purchasers tend to shop in independent pharmacies for their toiletries rather than in grocery stores, and that whilst the majority of male products are still being purchased by women, the tide is turning and men are increasingly buying products for themselves. Ideally therefore, Radox Showerfresh For Men should be given dual siting on the men's bar as well as alongside female products.

Half of the British population own a shower but only one in ten use a shower gel. The problem for all manufacturers has been to find a way to get people to use shower gels the same way they now use soap. The benefits of gel are obvious, says Jill Mobbs: "It is easier to handle, lathers well, is more refreshing and has a distinct fragrance benefit". Nicholas has plans for large scale sampling activity early next year to try and convert more soap users to gel.

The biggest hurdle, however, is not convincing people of the benefits but getting them to buy gels on a regular basis. Jill

TOTAL BATH ADDITIVE MARKET - PHARMACY



(Source: Nielsen 12 m/e August)

Mobbs says promotional activity for the Radox Showerfresh brand will be aimed, not only at people who have not bought gels before, but also at those who only get round to buying them two or three times a year.

Radox: £5m support

In this sector as in all sectors, support is a key success factor and Nicholas Laboratories will be making sure the whole Radox brand is well supported in 1990-91 with a total promotional spend of over £5m. Radox Showerfresh and Radox Moments have already been featured in television advertising this year and the other products including Radox Herbal Bath will be getting their spots next year.

Jill Mobbs says advertising has proved very successful in increasing Radox sales as well as dispelling any of the "myths" about Radox's brand share that the competition like to encourage. The best example being the surge in Radox Showerfresh's brand share following the recent burst of television advertising. Its brand share leapt 2 percentage points through multiple pharmacies, growing the market and taking share from competitors.

Radox has also entered the big money world of corporate sponsorship for the first time with a £60,000 agreement with the National Trust to maintain Borrowdale, one of the most scenic areas in the Lake District. This is the largest single corporate sponsorship of countryside maintenance to date in the history of the Trust's Lake District Appeal. The Radox "Backing Borrowdale" year involves the sponsorship of a conservation team who are responsible for a detailed maintenance programme, focusing on replanting and preservation of the valley's natural broadleaf woodlands.

Jill Mobbs concludes: "With the move towards a more segmented market and consumers requirements for more personal products, it has become essential to stock products across the range to ensure that a sales opportunity is not missed. It is not profitable to tie money up in slow selling brands; instead pharmacies should be looking at stocking large brands such as Radox, which have an attraction to everyone and which sell fast."

Throughout the 1990s and beyond, Nicholas Laboratories will be making sure that Radox not only maintains its number one position but also continues to be seen as an exciting, innovative brand.

PHARMACY update

Patients with HIV disease can suffer from a wide range of symptoms, mostly as a result of other, opportunist infections. *C&D* looks at some treatments being used

Approaches to AIDS treatment

AIDS is a state of immunosuppression in which HIV attacks the T-helper cells, a subset of lymphocytes that co-ordinate many functions of the immune system. This defect increases susceptibility to opportunist infections, particularly those due to viruses, fungi and protozoa.

Symptoms

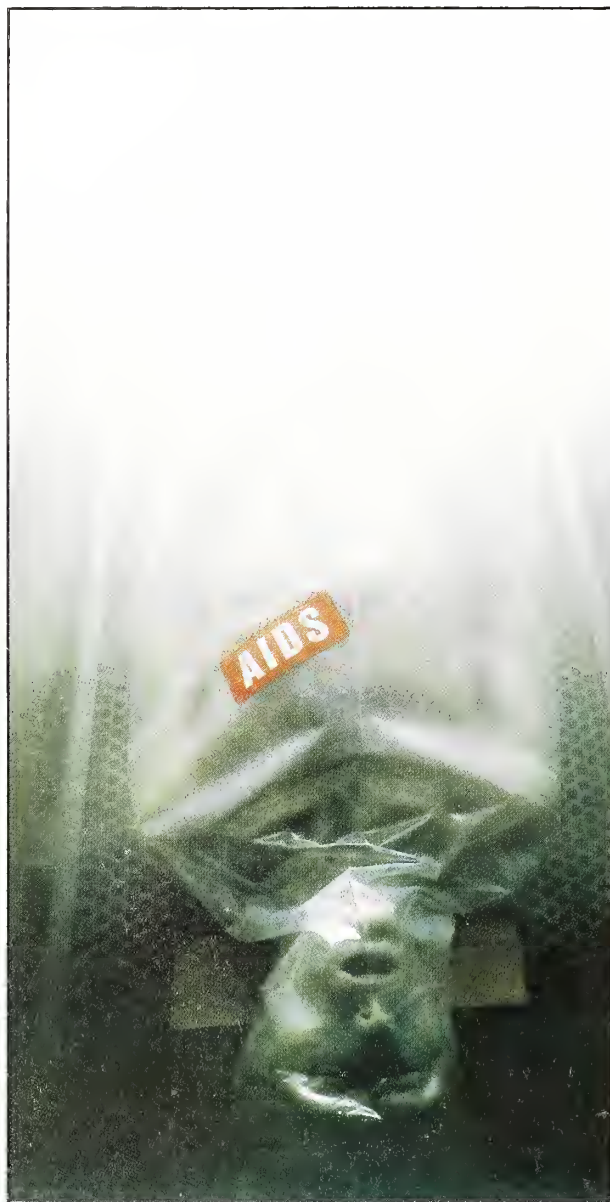
HIV infection may be associated with a wide range of clinical features. Exposure to the virus results in the production of antibodies which, while not neutralising HIV, may reduce the damage done for several years. Presence of the antibodies indicates that infection has taken place.

Antibodies are generally detectable within about three months of acquiring the infection. At this time, some people experience a short illness similar to glandular fever, with swollen lymph glands, aching muscles and joints, sore throat and possibly skin rash.

The next stage may be persistent generalised lymphadenopathy — swollen glands at several sites for at least three months — and in some cases other non-specific symptoms may occur such as diarrhoea, weight loss, prolonged fatigue and night sweats.

AIDS related complex (ARC), which is more serious than persistent generalised lymphadenopathy, is a broad term describing the condition of patients who are HIV positive and who have minor illnesses which fall short of fully-developed AIDS.

By the time frank AIDS



appears, the immune system is severely impaired and the patient succumbs to a wide range of opportunist infections and malignancies, notably Kaposi's sarcoma and non-Hodgkin's lymphoma. Various treatments may stabilise the patient's condition for a while, but the progressive loss of immune defence means that infections become less easy to treat.

Eventually, other complications such as dementia and neurological disease occur, and death is the inevitable result.

Common infections

The most common infection in AIDS is *Pneumocystis carinii* pneumonia. Typically, patients present with a persistent non-productive cough, shortness of breath on exercise and a fever of several weeks duration.

Another common infection is *Candida albicans*, which may colonise any part of the gastrointestinal tract, particularly the mouth and oro-pharynx.

Patients are also susceptible to salmonella infections, and cryptosporidiosis, caused by a protozoan parasite, results in profuse diarrhoea leading to dehydration and malnutrition. The large bowel may be invaded by cytomegalovirus, producing CMV colitis, and this virus can also infect the retina leading to rapid loss of sight.

Another common infection of the gut in homosexual AIDS patients is peri-anal herpes simplex type 2 which manifests as persistent lesions rather than classical vesicular genital herpes which rarely lasts more than five to ten days.

Skin lesions may be divided into Kaposi's sarcoma, which occurs in a quarter of AIDS sufferers, and infections resulting from immunosuppression. Although primarily a skin tumour, Kaposi's may spread to other sites such as the gastro-intestinal tract. The tumour is purple in colour and generally raised above the surrounding skin.

Of the skin infections, herpes simplex is mostly confined to the peri-anal area. Herpes zoster is common but usually precedes full-blown AIDS by many months. A number of other non-specific skin complaints may be present such as fungal infections, seborrhoeic eczema and facial folliculitis.

The CNS is another major site to be affected. The most common infection is *Cryptococcal* meningitis; fungal meningitis may also be caused by *Cryptococci neoformans* in the CSF.

AIDS encephalopathy is a condition similar to pre-senile dementia and occurs in up to 40 per cent of patients with established AIDS. It is believed to be a direct result of HIV infection of the CNS rather than due to any opportunistic infection.

Treatment

Although there is, as yet, no cure for the underlying immune deficiency, there are many treatments of established benefit against the secondary infections and tumours. Because of the severity and complexity of these infections, patients are usually hospitalised, although community pharmacies may be called on to dispense maintenance or prophylactic therapies.

Because AIDS centres in different hospitals have developed their own drug regimens, the following is a general outline of the drugs commonly used rather than specific regimens.

It is important to remember that AIDS patients may experience a higher incidence of side effects to many drugs, perhaps in part because of the high doses used.

Zidovudine (Retrovir)

Is the only compound on the market which actively inhibits HIV proliferation in man. First synthesised in 1964, it failed to fulfill its original promise as an anticancer agent and was not taken up again until 1984 when the US subsidiary of the Wellcome Foundation screened it as a potential antiviral.

Zidovudine is an analogue of thymidine, one of the nucleoside "building blocks" of DNA. The drug inhibits the function of reverse transcriptase and thus prevents the virus from reproducing (see Research directions below).

Retrovir was first licensed in the UK in 1987 for "the management of serious manifestations of HIV infection" in patients with AIDS and ARC. Clinical trials had shown that the drug appeared to prolong life and improve the health of such patients but it did not cure the infection, nor did it prevent people acquiring the virus.

This year the US Food and Drug Administration approved Retrovir for use at earlier stages of the disease, including HIV antibody positive individuals who are symptom-free, and in children under 13. A number of studies had suggested that lower doses, as well as starting treatment earlier in the infection when the patient's immune status was better, could lessen the side effects, so the dosage guidelines were also reviewed.

Side effects

Side effects have been the drug's major disadvantage. In particular, it impairs the ability of red blood cells in the bone marrow to mature, leading to anaemia serious enough to warrant repeated blood transfusions. Neutropenia and leucopenia also appear frequently.

In June, the Committee for Proprietary Medicinal Products of the European Commission followed the FDA's advice and recommended to EC member states that Retrovir should be approved for wider use. In the UK, the drug is now also indicated for early symptomatic patients with CD4 (T4 helper cell) counts of less than 500/mm³ or in asymptomatic patients with markers indicating risk of progressive disease, including repeated CD4 counts of under 200 or counts between 200-500 which are rapidly falling.

The optimal dose remains unknown. It varies from patient to patient and may depend on the stage of infection.

For symptomatic patients, 200mg every four hours is generally recommended, reducing to 100mg every four hours in patients with advanced HIV disease who are likely to tolerate the drug less well. The efficacy of the lower dose in treating or preventing neurological dysfunction or malignancies is unknown.

For immune-impaired adults with no symptoms, doses of 500mg-1,500mg daily have been used, starting with the lower dose and increasing if the disease progresses.

In children, starting doses of 150-180mg/mm² body surface area every six hours have been most widely used. Initially there was concern that side effects might be worse in children, but studies indicate they are similar to

those occurring in adults at a similar stage of the disease.

Treatment should be stopped if the neutrophil count or haemoglobin falls below a certain level, but may be re-introduced at a reduced dosage after a recovery period of two weeks or so.

Patients on zidovudine should be warned about taking OTC analgesics. Paracetamol has increased the incidence of neutropenia, presumably by reducing metabolism of zidovudine. Aspirin and codeine as well as prescription medicines such as morphine, indomethacin, ketoprofen, naproxen, oxazepam, lorazepam, cimetidine, clofibrate, dapsone and isoprinolone, may also alter the metabolism of zidovudine by competitively inhibiting glucuronidation or directly inhibiting hepatic microsomal metabolism.

Concomitant therapy with potentially nephrotoxic or myelosuppressive drugs may also increase the toxicity.

Another Wellcome antiviral, Zovirax, is used for the treatment and prophylaxis of opportunist herpes infections in immunocompromised patients. The company says that the use of acyclovir in HIV infection is currently at the discretion of individual physicians and, while anecdotal evidence suggests they are using it in this way, the extent is not known.

In European studies, Zovirax used in combination with Retrovir reduced the incidence and severity of other opportunist infections when compared to placebo or Retrovir alone.

Cytomegalovirus infection is treated by ganciclovir or foscarnet, both given parenterally. The former may cause neutropenia and should be used with care in patients with bone marrow suppression and those taking other drugs likely to cause bone marrow suppression such as zidovudine. Foscarnet may cause nephrotoxicity and should not be used in patients with renal disease and those taking other nephrotoxic drugs such as pentamidine.

Pneumocystis carinii pneumonia. Mild infections can be treated on an outpatient basis with inhaled pentamidine isethionate (600mg for three weeks) or high dose co-trimoxazole. More severe infection requires hospitalisation and intravenous co-trimoxazole as first-line therapy or — for patients unable to tolerate it — intravenous pentamidine.

Current recommendations are to treat HIV antibody positive patients with low CD4 counts prophylactically with inhaled

pentamidine (usually 300mg every two weeks) to prevent *Pneumocystis carinii* pneumonia.

Co-trimoxazole, dapsone and Fansidar are also used prophylactically.

Toxoplasmosis, another protozoal infection, is usually treated with pyrimethamine and a sulphonamide. Folic acid may be given concurrently to help prevent anaemia. For patients allergic to sulphonamides, pyrimethamine together with clindamycin or spiramycin is an alternative.

Cryptosporidial diarrhoea is generally treated with erythromycin or spiramycin, while loperamide, codeine or possibly low-dose sustained release morphine are used to control the symptoms. Supportive treatment — nutritional and rehydration — is essential because of the severity of the diarrhoea.

Oral candida may be treated topically with, for example, nystatin suspension or amphotericin lozenges, but it is not always controlled by these measures and may require systemic ketoconazole, fluconazole or itraconazole.

Cryptococcal meningitis is effectively treated with amphotericin, with or without flucytosine, but side effects are common and often severe. Fluconazole has fewer side effects and may also be useful for maintenance therapy.

Mycobacteria A typical mycobacterial infections, such as *Mycobacterium avium intracellulare*, may occur late in the course of HIV disease and may be resistant to conventional anti-tuberculosis therapy. Combinations of rifabutin, ciprofloxacin and clofazimine are commonly used.

Kaposi's sarcoma The treatment of isolated lesions on the skin may be by excision, local radiotherapy or intralesional chemotherapy. If the lesions are more widespread or if lymph nodes or visceral organs are affected, then radiotherapy or systemic chemotherapy may be necessary.

The benefits of treating tumours with chemotherapy must be balanced against the risk of further immunosuppression, particularly as the tumours are likely to be less life-threatening than infections. Cytotoxic drugs causing minimal marrow suppression are preferred.

Combinations of adriamycin,

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bleomycin and vinblastine have been used, sometimes with DTIC.

Interferons, which combine anti-tumour, antiviral and immunomodulatory properties, would seem a logical approach, and Intron-A (recombinant interferon alpha-2b) and Roferon-A (recombinant interferon alpha-2a) are both licensed for the treatment of AIDS-related Kaposi's sarcoma. Tumour regression compares well with that achieved by chemotherapy and various researchers have suggested that interferon-alpha should be the treatment of first choice in patients with Kaposi's sarcoma and mild HIV-related immunodeficiency. It seems less effective in advanced disease or prior opportunistic infections. In general, the best results seem to occur in those whose immune system is still relatively uncompromised.

Success rates

Interferon-alpha has proved to be effective in treating HIV-associated Kaposi's sarcoma in at least 30 per cent of patients. In several studies, 40-45 per cent of certain patients who received high doses responded with a significant reduction in tumour size. These patients tended to be at the less advanced stages of AIDS.

Further studies in small numbers of patients are suggesting that better results are obtained using interferon-alpha in combination with zidovudine; this also enables lower doses of interferon to be given. Other trials are looking at the possible use of zidovudine and interferon-alpha in asymptomatic HIV-infected individuals.

Side effects of interferon are frequent and can be severe and dose limiting. Patients often complain of influenza-like symptoms and fatigue. Hepatic toxicity is relatively common. Haematological side effects, particularly neutropenia and thrombocytopenia, are also frequent but reversible on reduction or withdrawal of treatment. Interferons are contraindicated in patients with severe cardiac abnormalities or convulsive disorders.

Recombinant human granulocyte macrophage colony stimulating factor, being developed by Schering-Plough and Sandoz, has been found to reverse the neutropenia brought on by chemotherapy or occurring as a result of AIDS itself. Clinical trials are looking at the possible use of this agent in combination with interferon-alpha and zidovudine.

Research directions

HIV's main target is the T-

helper/inducer cells which carry a surface protein CD4 to which the virus binds in its initial stages of invasion. One research approach is to develop compounds which block or reduce HIV's access to these receptors.

A retrovirus, HIV replicates in living cells by using the enzyme reverse transcriptase to convert its own RNA into DNA which is then integrated into the DNA of the host cells. In this way, the virus forces its own genetic make-up onto the host cell and the viral genetic material becomes an integral part of the cell.

Zidovudine inhibits this reverse transcription, as does dideoxynosine which is currently being developed by Bristol-Myers Squibb.

Several research groups are looking at the inhibition of viral protease to prevent the formation of proteins needed to build the

nucleus and membrane. This is a stage in viral protein synthesis which does not occur in humans, so a compound which inhibits protease is less likely to affect host cells and cause side effects.

Inhibition of other enzymes necessary for replication of HIV, such as ribonuclease and integrase, offers further targets for researchers.

It may be possible to prevent or alleviate the effects of HIV infection by modifying its impact on the immune system. One approach aims at replacing the products of the T-helper cells such as interferons and interleukins.

■ The latest AIDS figures for the UK show that up to the end of October there were 3,884 cases in total, of whom 2,131 have died, the comparable figures at the end of September were 3,798 and 2,040, according to the Department of Health.



PILLS

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episode 28.

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Healthcare uses for computers

In the last part of our series on computers, Dr Barry Strickland-Hodge, MRPharmS, and information scientist Steven di Ponio BSc review their use by doctors, pharmacists, dentists, and opticians.

In pharmacy it is easy to become isolated from others in primary care. The professions at the sharp end of healthcare who deal with the vast majority of health related problems are the general practitioner, the community pharmacist, the dentist and the optician. We form a team working for the benefit of the patient, even though legislation includes only the GP and the practice or community nurse in its definition of the healthcare team.

It is very surprising that although working parties and reports on information handling and computerisation in the hospital service were commissioned and acted upon, the huge amount of information available from primary care is largely lost. Why? Because of reticent individuals, professional barriers, and lack of standardisation for information collection and transfer among the professions and between primary care and the remainder of the health service.

The Korner reports

At the instigation of the Secretary of State for Social Services, the Government commissioned a series of reports into aspects of the National Health Service, chaired by Mrs Edith Korner. They advocated a programme of information collection across the Health Service in order to assist management decisions and improve patient care. The use of information technology would, they said, greatly facilitate the collection of information as well as its processing into a format which would assist both manager's planning and those engaged in research.

Criticisms of existing NHS information systems include inaccuracy, lack of timeliness and some inherent defects due to the disjointed nature of the data systems. The information system suggested by Korner is based on three sources of data:

- a population register,
- a record of activity of a clinic,
- a record of activity of a particular member of staff.

Data about coverage within a district cannot be based simply on services delivered within the district because of population movement. The population

register is intended to overcome this by relating data on a service to data on an individual.

The Steering Group, which Mrs Korner chaired, did not, however, address itself to primary healthcare (those services managed by the Family Health Services Authorities) and what information could be collected from these sources. The Steering Group only went as far as to recommend that "district health authorities explore with local GPs ways of obtaining, in accordance with agreed safeguards, data about the general practice contribution to programmes comparable to the minimum data sets".

The minimum data sets collected from hospital and community care, concerning an individual patient, consist of:

- data that allow the merging and linking of information about an individual patient,
- data about the personal details of patients admitted to hospital,
- data about referral for admission to hospital,
- data about the use of hospital resources and facilities,
- data about discharge from hospital care, and
- data that allow patients to be classified by speciality, clinical or diagnostic groups.

Additional information was required for the purposes of planning budget setting and monitoring, as well as management and financial audit and accounting. This information was to be collected from hospital and community health services, as well as ambulance and blood

As a consequence of the Korner reports, much attention was given to computerising the hospital services and community care (that is, a range of services provided by health authorities including family planning clinics, vaccination and immunisation as well as health education and clinics for mothers and children). However, the need for, and benefits of, the use of computers in primary healthcare have not been investigated and reported upon in the same way. Similarly, there has been little investigation of what data could usefully be collected from primary healthcare.

Examples of information that could routinely be collected are:



Continued on p988

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Examples of information that could routinely be collected are:

1. General medical practice (GMP)

Information about the numbers and types of prescriptions issued in general practice, as well as the numbers of investigations ordered, referrals and the amount of minor surgery carried out could be collected.

Collection of this data would allow GPs to compare their own performance with their partners as well as other GPs on a district, regional or national basis.

This would facilitate improved planning of both primary and secondary healthcare, as it would be possible to estimate from previous experience how many people are likely to suffer from any particular illness at any given time. As a result of this information it would be possible to plan how many beds are needed in any ward at any time.

2. General dental practice

Data about the incidence and treatment of caries and gum disease, as well as orthodontic work undertaken and dental prescriptions, could be gathered. Collection of this data would enable the performance of any one practice to be compared with others on a district, regional or national basis.

Comparisons could also be drawn between the incidence of caries in different areas, and different treatments could be assessed in terms of their relative efficacy.

3. Community pharmacy

Information on over the counter medication and prescriptions presented both in terms of numbers and specific medicines could be collected. By comparing this data with that from GMP, measures of compliance could be arrived at for any medication. It could be possible to monitor how many minor ailments are currently handled in GMP and how many in pharmacy.

Table 1

- Guidelines of what primary healthcare professionals should look for in a computer system should be drawn up
- More information about computers needs to be available to professionals both in the form of papers about computing in primary care and current comparative reports of systems available
- Centres should be established where professionals can have hands on experience of a variety of commercially available systems
- The FHSAs should consider interfaces so that system suppliers can conform, permitting the transfer of data
- Professionals such as dentists should be encouraged to transmit their FP17 data electronically

4. Optometry

Comparisons of optometric morbidity and treatment within different areas could be possible, if information on the prescriptions of lenses and any disorders recognised during an inspection of the eye was stored electronically. In addition, it would be possible to look for associations between medication and eye disorders.

The information position today

What we now find is GMP 50 per cent computerised, pharmacy 97 per cent (30-35 per cent with patient medication records), dentists 20 per cent and opticians 20 per cent, all with their own systems largely unable to transmit to each other or have information amalgamated. The task of standardisation should not be underestimated, but efficient methods of data capture from all branches of primary healthcare should have been devised so that the information thus gathered could be used corporately for the effective management of the NHS and patient well being.

We must work within the confines of the position we are now in. Although not ideal for many reasons including cost, the Smart Card may form the basis of a solution. With this well documented and described innovation, information about patients can be stored, added to, downloaded and amalgamated.

As the unifying hub in the healthcare wheel, the Smart Card has a great deal to recommend it. It is best viewed, however, as an adjunct to the current systems which were each designed for the special features of the profession they serve. The pharmacy PMR, for example, has a business and patient loyalty element which are not features of Smart Cards.

Worldwide position

Computerisation level and facilities naturally differ around the world. The driving force behind pharmaceutical computerisation in the United States is the accurate costing and billing of prescriptions for insurance purposes. The pressure on practitioners in the US to automate their practices has

again largely come from insurance companies. Electronic billing cuts costs by reducing the amount of work the insurance company handles.

In Australia, again the majority of systems have concentrated upon the business aspects of practice although systems handling medical records do exist.

In comparison to this, the Scandinavian countries such as Norway, Finland, Denmark and Iceland have developed systems with the common aim of improvement of patient care and the provision of state information using standardised patient records.

With more reliable information gathering, health departments could plan and respond to change more effectively, leading to more cost-effective care management.

Computers in the UK

General Practice: Reports of computers in primary care go back to the late 1960s, with projects considering the integrated medical record being supported by the DHSS. With the advent of microcomputers in the late '70s and early '80s, GPs had the opportunity to alter radically the way they administered their practices. Early progress was slow and even after Government funds were made available to launch the "Micros for GPs" scheme in 1982, take-up was not great.

A boost to the spread of computers in GMP came when both VAMP Health and AAH Meditel provided practices with multi user practice management systems free if the practice provided prescribing and morbidity data to the system suppliers. The most recent incentive for GPs is a 50 per cent reimbursement of the computer costs as part of the new imposed contract. Take-up is around 50 per cent.

Pharmacy: These have been well described in previous articles in this series and elsewhere. The two incentives for pharmacists in the UK to buy systems were the labelling requirements of 1984, and Promoting Better Health in 1987, which promised a fee for keeping records.

Dentistry: The British Dental

Association were particularly interested in the electronic transmission of claims for remuneration. No other great incentives have been forthcoming and so the number of practices which have automated their practice management is comparatively low at 20 per cent. Other areas where dentists could exploit computers are appointment diaries and clerical reports. The patient recall facility should also prove valuable.

Although there are many reasons why dentists have not computerised, the major reasons seem to be lack of incentives and a poor perception of need. Also, computers may not be cost effective in small practices.

Optometry: Again practice management is the major spur to automation in optometry. By improving the practice efficiency, the business could be improved. For example, facilities are available which can automate patient records and spectacle dispensing, and can provide word processing facilities. Orders can be transferred automatically between branches, and prices can be automatically updated from central offices. The larger the organisation, the more benefits are to be gained from automation. Currently, some 20 per cent of practices have computerised some aspect of their work.

If progress is to be made particularly in dentistry and ophthalmics, where, not surprisingly, uptake has been low, initiatives such as those shown in Table 1 should be considered.

Conclusion

Primary care has seen computerisation of administration and aspects of clinical practice over the last decade. Each of the medical professions has accepted computers for various reasons and to a varying degree. Usually there has been an incentive or professional recommendation before acceptance.

It is important that we now look forward to the efficient passage of information gathered during normal work activity to a central agent such as the FHSA, or the district or regional health authority, in order for those agents to respond to needs more effectively.

Correction

In my article on PMRs (*C&D*, August 4, pp192-193) I inaccurately attributed the percentage of suppliers of computer hardware in community pharmacy to the percentage of suppliers of PMRs. I am grateful to Simon Driver of LINK for pointing out this error. Figures for PMR systems will be presented in a future paper as soon as the research at Aston is complete.

Rationalisation: a necessary evil for the greater good?

Ian Mullen, a community pharmacist and healthcare consultant, wonders if it is heresy to be discussing the merits of reducing the number of pharmacies

When the Government announced that it intended to terminate the cost-plus system of remuneration for community pharmacists, this was seen by many people as a watershed. There was considerable concern that it would no longer be possible to achieve any form of equity in matching the perceived costs of providing a pharmacy service with the expected returns. There was little change for a time in the way in which pharmacists were paid, but it is becoming clearer that the new system differs radically from the old remuneration.

Community pharmacists previously had an almost automatic right to be reimbursed the genuine costs incurred in providing the service and, although that tended to encourage a fairly relaxed attitude among contractors' negotiators, with hindsight one can see that it was almost inevitable that the remuneration system should change. The Government has actively encouraged a "market economy" approach within all the professions, and there was little doubt that the same principles would be applied to community pharmacy.

Community pharmacy favoured

In many ways, community pharmacy had been favoured by the advent of the new contract legislation which attempted to deal with the proliferation of new openings: it seems likely that this was seen by some in authority as an anti-competitive measure. In fact, the main aim of the new contract from the Government's point of view was to reduce the costs of providing the service by reducing the number of superfluous pharmacies, which were adding to the cost without improving the service for the public.

Unfortunately, the introduction of the new legislation was unnecessarily delayed, resulting in a surge of new openings immediately prior to implementation. Although pharmacy numbers have been reduced from around 12,000 to around 11,700, the cost benefits expected have not fully materialised. It is certainly true to say that with the ending of the cost-plus system the savings accruing from a reduction in pharmacy numbers are perhaps less than they once were. They could, nevertheless, still be substantial, and it would be naive to imagine that some rationalisation of pharmacy numbers is not somewhere at least on the Treasury's agenda. There are some who believe that the present legislation to control pharmacy openings is likely to be short-lived, but it seems to me to make sense for Government to continue to have an effective



means of control. Given that the regulations to ensure a preponderance of non-pharmaceutical voting members on pharmacy practice committees were inserted at a fairly late stage of the legislation, government, through the health authorities, already has this power. The only problem left to tackle is the actual means of effecting a reduction in the existing pharmacy population.

There has been an indirect incentive as a result of the new contract for pharmacists to look to the establishment of new pharmacies in less attractive areas — simply because the more desirable areas are now effectively closed. This method of encouraging a more rational distribution of the pharmacy population has not been very successful. Without a genuine financial incentive, it is likely that the costs of establishing a new pharmacy are too great to make the less desirable areas genuinely attractive to those who wish to open new premises.

Rational location

If it is believed that a more rational location of pharmacies is desirable, and it does seem to make sense from both the public and professional viewpoint, it is perhaps time to look again at the establishment of an effective compensation scheme. This would have to be pitched at a considerably higher level than before, to include those who were not attracted by the previous offers. In addition, a considerable number of pharmacies were opened on a very speculative basis, immediately prior to the implementation of the new contract. While some will have gone on to become viable businesses, a substantial number would be interested in a new compensation scheme allowing an escape from unsaleable pharmacies.

No doubt there would be a clamour from those who believed that relatively newly-opened pharmacies should not be included in any compensation scheme because "leap-froggers" should not be allowed to benefit from their actions. Whatever the rights or wrongs of that particular argument, it would, in my opinion, make sense to include all those pharmacies who wished to take advantage of compensation, provided that their closing would not seriously diminish the pharmaceutical service in a particular area.

It may seem to be heresy to be discussing the merits of reducing the number of pharmacies at a time when contractors appear to be financially disadvantaged, and struggling against the imposition of a remuneration settlement in England and Wales. There is, however, likely to be increasing pressure from the Treasury for just such a measure, and it would be much more sensible for the profession to be prepared rather than to be placed in a reactive situation. The potential pressure for change could also be increased by the fact that health authorities will now be given firm budgets, and any method of achieving reductions in the cost of supplying these drugs is likely to be of considerable interest.

Contract tendering?

It must also be borne in mind that governments are continually re-assessing the ways in which public expenditure operates. The UK is currently passing through a period of financial stricture in which all possible methods of controlling public expenditure must be examined. It is not beyond the bounds of possibility that the cost of the pharmaceutical service will be among those being investigated. It is also possible that the Treasury could be looking at schemes which community pharmacists could perceive as being much more draconian than a reduction in pharmacy numbers. I cannot believe that that many pharmacists would welcome a system of tendering for contracts, for example, with all the potential anomalies which such a scheme would involve. It is almost certain, however, that this is one of the options which has been under consideration.

It is vitally important that we, as a profession, must not be complacent. We live in a time of considerable change, which will undoubtedly affect community pharmacy. It is a time to be pro-active and to approach Government with suggestions and ideas which take account of our medium and longer term objectives. We ought now to be calculating our projected position perhaps five years hence and working towards that goal. We must learn from the dismantling of the cost-plus system, and ensure that we are not again caught unawares. The worst position of all, as is evidenced by the recent remuneration settlement in England and Wales, is to have changes imposed upon us.

BUSINESS NEWS

Safeways show solid interims

The turnover of Safeways is up 28 per cent, the Argyll group reports in its interim results. The turnover of some £1,796 million represents 73 per cent of the group's turnover for the period, compared with 65 per cent in the same period last year.

Sales up 16pc to £2,467m

Pre-tax profit up 28pc to £143.1m

Earning per share up 23pc to 10.6p

Interim dividend up 16pc to 2.85p

Argyll is pursuing a programme of converting Presto stores into Safeways and nine large Prestos have been converted to Safeways. Also, during the last six months of trading four new Safeways have been opened.

Chairman Alistair Grant commented: "Safeway's performance is beginning to reflect the benefits of operational stability following the intensive integration and store conversion programme of the past three years."

Pre-tax profits amount to £143.1m

The proposed acquisition by Degussa AG of assets of Rhône-Poulenc SA will not be referred to the Monopolies and Mergers Commission. The Secretary of State for Trade and Industry announced the decision in accordance with the recommendation of the Director General of Fair Trading.

The proportion of the population at retirement age is not set to increase until the year 2001, according to figures published by the Data Consultancy. Pulling together information from official Government sources, the Data Consultancy predicts a rapid increase in the pensionable population from 2001, rising from 17.9 per cent to 23.7 per cent in the next century. A substantial decline in the proportion of people of younger working age is expected "in the near future".

Wilkinson's directors go as Daniels take

Daniels Pharmaceuticals, the Derby based Numark wholesaler and pharmaceutical manufacturers, have bought the H. Wilkinson surgical hosiery wholesaling and retailing group from its owners and directors, Haydon Hughes, John Rhodes and Glyn Leese.

The value of the deal has not been disclosed.

A spokesman for Daniels said the sale was the result of "six months amicable negotiations," and extends the range currently offered by them.

While Daniels manufacturing activities centre around generic ophthalmics and suppositories, the Nottingham based Wilkinsons' expertise lies in surgical appliances and associated health care products, ranging from

support stockings to powered wheelchairs. There are also subsidiary interests in nursing homes and fashion manufacturing.

Richard West, chief executive of Daniels said: "We will be able to bring Wilkinsons products to a wider market than their previous territory of Nottingham and Derby through our existing distribution network in the Midlands and North West."

Following the acquisition the three joint proprietors are retiring, though John Rhodes is staying with Wilkinsons for a short period in a consultancy capacity.

The sons of the three will continue to work for the company, Andrew Leese as wholesale buying manager, David Hughes in the ladies lingerie division and James Rhodes in production.



Glyn Leese (left) shakes hands with Richard Wood, chief executive of Daniels, accompanied by Haydon Hughes (left) and John Rhodes

SERC forced to cut back

The Science and Engineering Research Council will suffer an estimated £40m shortfall for 1991/92, and the council has already agreed an initial series of cost cutting measures, with more to follow.

SERC blames higher than expected inflation, exchange rate effects on international subscriptions and "inadequate" compensation for salary increases, for their difficulties.

Immediate savings include a freeze on recruitment, cuts in

running costs at SERC's head offices and laboratories, delays in the announcement of research grants, and the deferment of some projects already agreed in principle.

Chairman of the council Sir Mark Richmond said: "The upward pressure on SERC costs, aggravated this year by a very poor Public Expenditure Survey outcome for the science budget has led to the need for a sharp cutback on our activities next year."

Cheque fraud pilot scheme

In an effort to turn the rising tide of cheque card fraud, the cheque card committee of the Association for Payment Clearing Services has been testing a retailer training programme in Manchester. In co-operation with the city's anti-theft group more than 1,000 point of sale staff from almost 100 retailers took part in a "pressure campaign" of training to explain steps they can take to prevent it.

Latest figures from APACS show a 25 per cent rise in fraud from January to June 1990 over the same period last year.

The Manchester project was based on a generic training course on cheque card fraud which APACS ran for its own staff and member banks.

Jim Parsons, head of card services at APACS said: "Once we have reviewed the campaign fully we hope to use it to develop a blueprint we can take to other cities around the country."

PATA move

The Proprietary Articles Trade Association have moved and are now established in new offices in Watford. The address is: 5 Caxton Way, Watford Business Park, Watford, Herts WD1 8UA. Phone: 0923 211647; Fax: 0923 211648.

Dublin based distribution and marketing group United Drug have bought Irish Photo Marketing, distributors of Ilford photographic supplies and Canon photographic equipment in the Irish republic.

The chief executive of United Drug Jerry Liston said the addition of Canon distribution to that of Pentax and Polaroid presented "exciting market challenges".

Due to changes at the local exchange, one of Gist-brocades' telephone lines, 45536, has been amended to 45535. There has also been a change in the STD code. The new number is 0932 345535.

January target for Unichem franchise operations

With Unichem's plans for their franchising operation due to commence in the new year, shareholders still have until December 5 to participate in the rights issue. As *C&D* goes to press the shares stand at 112p valuing the company at around £106m, but some observers suggest the rights issue may be "overhanging" the shares; certainly analyst Stewart Adkins of Shearson Lehman Brothers recommend purchase up to 130p a share for long term investment, and regard £1.00 for the rights issue shares as "a steal".

"With the rights issue, shares that are not placed underwriters get at £1.00," Mr Adkins told

Chemist & Druggist.

This is one of the technical considerations which could account for the shares' fall in price since flotation; if so, after the rights issue they can be expected to rise unless other factors intervene.

"For pharmacists who have surplus money the Unichem rights issue is a better place than many to invest it," said Mr Adkins, though he fell short of a direct recommendation to buy on the grounds it would be prudent for pharmacists to spread their investment beyond a single company.

Unichem finance director Jeff Harris told *C&D* that Unichem has identified a relatively small number of businesses with a view to building up their franchising chain and expect to make their first acquisition in January. "We are not seeking to build up a chain quickly," but we are working steadily on building up the team and getting the infrastructure in place."

Ecu approval

Almost half UK retailers favour a single European currency, according to a survey conducted for American Express. Some 46 per cent said they were in favour, with 29 per cent against and the remainder not offering an opinion.

The bulk of those who support a common currency said they believed Britain's future is linked to the EC and that we should harmonise with our European partners.

They also argued it would make European trade easier and would be generally good for business. Ten per cent thought it would help to stabilise interest rates and halt inflation.

Customer care will be the over riding factor in differentiating retail businesses in the 1990s, according to a survey carried out by market analysts Mintel.

The Mintel survey looked at the question "what does the customer really want?" and the results showed that, while customers are generally satisfied with quality, price, and variety of product, there is now very little to choose between outlets. This makes service the key element for improvement in the retail mix.

Alchemist 2000 update by Chemtec

Chemtec Systems have introduced the latest version of their Alchemist 2000 patient medication records system which, they say, incorporates a large range of new features and improvements including a vastly increased product file.

These improvements have often been prompted by customer comments and Chemtec Systems pride themselves in their ability to respond quickly to such requests.

Current users will be able to take advantage of an update to the new version under the normal software support and maintenance arrangements at no extra cost.

COMING EVENTS

Tuesday, December 4

Banff, Moray and Nairn Branch, RPSGB. Gordon Arms Hotel, Fochabers at 8pm. "An evening with APS" by John Liston, with a mystery video.

Bristol Branch, RPSGB. Postgraduate Centre, Southmead Hospital at 8pm. "The role of the Family Health Services Authority" by John Watson, Avon FPC.

East Metropolitan Branch, RPSGB. Wanstead Library, Spratt Hall Road, Wanstead at 7.30pm. Discussions of the Branch representatives motions followed by wine and mince pies.

Fife Branch, RPSGB. Anthony's Hotel, Kirkcaldy at 7.45pm (buffet). "Sports injuries" by Dennis Bradley, Fife Health Board.

South Staffordshire Branch, RPSGB. Guided tour and sampling at The Heritage Brewery Museum, Burton-on-Trent at 7.30pm. Cost £2.50.

Wednesday, December 5

Barnet Branch, RPSGB. Postgraduate Medical Centre, Barnet General Hospital at 8pm. A clinical meeting led by Dr K. Gray, consultant physician and Geoff Nicholls, clinical staff pharmacist.

Hull Branch, RPSGB. Darley's Hotel, Boothferry Road, Hessle, 7.30 for 8pm. Christmas evening sponsored by APS Ltd.

West Metropolitan Branch, RPSGB. Institute Lecture Theatre, Brompton Hospital at 7.30pm. "Respiratory Drugs" by Kathy Wallis, principal clinical pharmacist, Brompton Hospital.

Thursday, December 6

Dumfries and Galloway Branch, RPSGB. Dumfries and Galloway Royal Infirmary, 7 for 8pm. "Competency in pharmacy" by Dr D. Hamilton.

Exeter Branch, RPSGB. The Wine Library "Hole in the Wall", Little Castle Street, Exeter. "An evening with The Wine Library, tastings, buffet and expert advice".

Southampton Branch, RPSGB. The Chalybeate Hospital, Tremona Road, Southampton, 7.30 for 8pm. "The chemistry of curry — some like it hot" by Dr R. Stevens.

Weald of Kent Branch, RPSGB. Postgraduate Medical Centre, Kent and Sussex Hospital, Tunbridge Wells, 7.45 for 8pm. "The Gibson Stradivari" by Andrew Fairfax, violin restorer with J&A Beare of London.

Friday, December 7

Bath Branch, RPSGB. Beer and skittles evening at The Royal Oak, Widcombe.

Advance information

Taipei Beauty 90. Centra Exhibition Hall, Taipei, Taiwan from December 14-17. Details from Mr Rickey Wong on Hong Kong 3117721.

Applied Pharmacy Practice Learning Events. "Ophthalmic solutions" by Dr Kate McClelland, November 28 at the Adair Arms Hotel, Ballymena, 7.30 for 8pm. Continuing on December 4. Details from Donna McDowell on Belfast 650111.

Medical Book Fair at the University of Manchester from November 26-30, including drug related databases (November 27). Details from Valerie Ferguson on 061-275 3751.

The British Institute of Regulatory Affairs. "Clinical trials regulations in Europe." Gloucester Hotel, London on December 3. Details from Jean Anderton on 071-499 2729.

CRIS. "Europe of drugs — innovation and co-operation, the keys to success" symposium at the European Parliament in Strasbourg on December 3-4. Details from Dr Gilles-Dumas on Paris 33 (1) 47 237960.

IBC Technical Services. "Novel methods for the study of anti-asthma drugs" at the Royal Society of Medicine on December 3-4. Details from Fiona Morgan on 071-236 4080.

Society of Pharmaceutical Medicine "Issues and priorities in reporting adverse drug experiences" at the Royal College of Physicians, London on December 5.

Details from Elizabeth Borg on 071-493 7825.

National Association of Health Authorities and Trusts. "NHS financial issues" seminar at the Chartered Institute of Public Finance and Accountancy, Robert Street, London on December 6. Details from Barbara Connah on 021-414 1381.

OTC News and Market Report. "The Japanese pharmaceutical market — rising sun or falling star?" at the Sheraton Skyline Hotel, Heathrow on December 5-6.

Details from Neil Grubert on 0702 343601.

IBC Technical Services. "Potassium channels '90", London on December 6-7. Details from Renata Duke on 071-236 4080.

Society of Cosmetic Scientists. "The social trends and their influence on cosmetics" by Elizabeth Wilkinson, Boots Co at the Royal Society of Medicine, London on December 6 at 7pm. Details from Mrs Weston on 0582 26661.

Centre for Exploitation of Science and Technology. "Home care: the healthcare market opportunity for the 1990s" at the Heathrow Penta Hotel, December 6-7. Details from Dr Edward Yoxen on 071-354 9942.

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If you would like to receive further details and a registration form, please complete and return the attached form as soon as possible to:

Mr D Townsend, Room 520,
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Hannibal House, Elephant and Castle,
London SE1 6TE, United Kingdom.

**Enquiries: David Townsend, tel 071-972 2534
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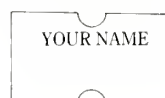
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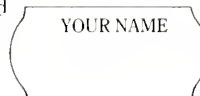
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ABOUT PEOPLE

APPOINTMENTS

NPA appoints pharmacy administrator

The National Pharmaceutical Association has appointed John D'Arcy, BPharm, MRPharmS, as pharmacy administrator. He will be working closely with NPA director Tim Astill.

Mr D'Arcy's responsibilities will include servicing the General

Purpose Committee, dealing with members requests for general business advice, advising about pharmacy computer systems, helping with queries about the Code of Ethics, and helping members with applications for new pharmacy contracts and

minor relocations.

Mr D'Arcy hails from Darlington, co Durham. He studied pharmacy at The School of Pharmacy, London University, and did his preregistration training at Ealing Hospital. He qualified in 1981, and has since worked in a succession of community pharmacies.

He says of his new job: "It is a challenging position, and I look forward to the amount that I will learn. I have had associations with the NPA in the past, and look forward to a long and happy association in the future."

The Welsh school of pharmacy has announced the promotion of Dr Paul Nicholls to professor of biochemical pharmacology. He is currently reader in pharmacology. The appointment is in recognition of Dr Nicholls contributions in the fields of occupational diseases associated with the inhalation of textile dusts and the development of drugs for hormone-dependent cancers.

The Minister for Trade, Tim Sainsbury, has announced the appointment of Luke Rittner as cultural director for Britain at Expo 92 to be held in Seville.



John D'Arcy

Regulatory head for PAGB

The Proprietary Association of Great Britain have appointed Michael Baker as head of regulatory affairs. Mr Baker is a lawyer who has held senior posts at Merck Sharp & Dohme and more recently at Quaker Oats Ltd where he had responsibility for legal and industry affairs.

"It is a tremendous opportunity to be joining such a body as the single market presents new challenges for the industry," says Mr Baker.



Bryan Kirkwood, northern regional manager, National Co-operative Chemists, pictured outside Buckingham Palace last week after his investiture with the OBE for services to pharmacy, together with his daughters (from left) — Lilian, Melanie, and Naomi



Stornoway pharmacist Sandy Matheson is pictured at Buckingham Palace after receiving his OBE in recognition of his contribution to local government. He was joined by wife Irene (second left) and daughters Louise (left) and Isobel

Cameroon pharmacist wins BNF scholarship

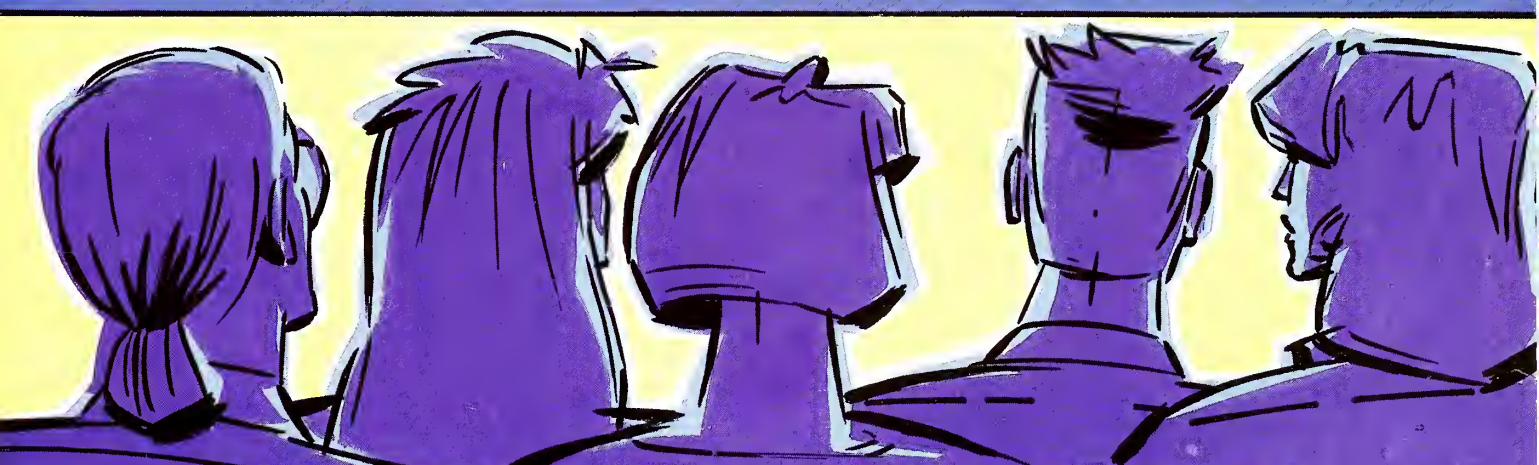
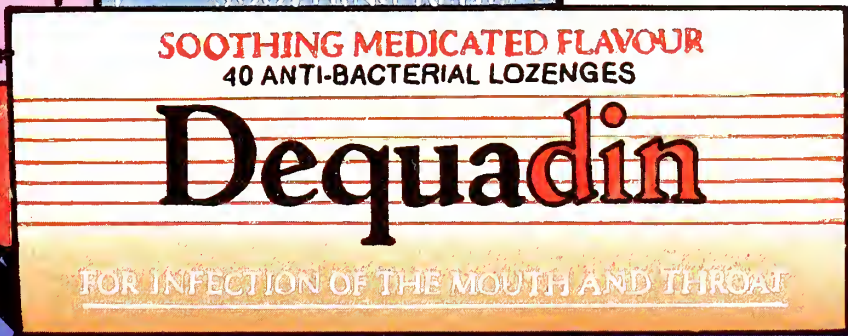
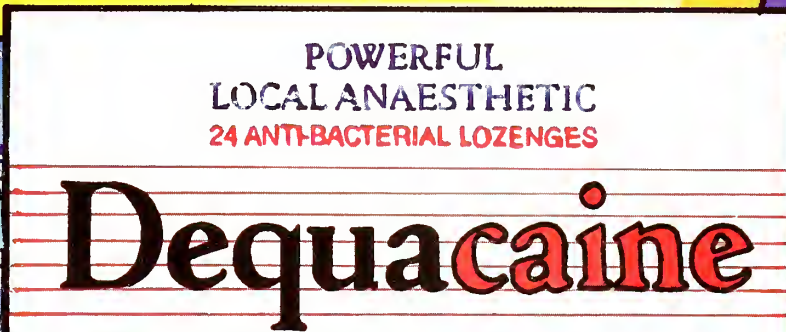
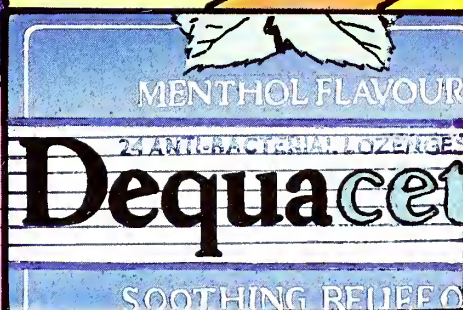
The 1991 British National Formulary scholarship has been won by Miss Frida Ebika Egbe, a pharmacist from Cameroon, West Africa.

The scholarship provides six months editorial work experience with the BNF for a candidate who will go on to work on a national formulary in a developing country.

Miss Egbe, who is chief of pharmacy service for Cameroon's South West province, will join the

staff of the BNF at the RPSGB headquarters in August 1991.

Dr Pam Mason, who works as a part-time member of the BNF editorial team, addressed the "Fibre into the 1990's" conference, representing the RPSGB. She spoke on "Fibre and mineral balance", which was the subject of her PhD thesis. Dr Mason, also works part-time at the National Pharmaceutical Association.



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